RI SOS Filing Number: 202567568490 Date: 3/20/2025 10:54:00 AM



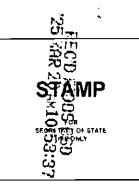
State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Li	2. Exact name of the Limited Liability Company			
001667103	T.MARTINS,LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island INNACTIVE LLC				
454110					
5. State of Formation RI					
6. Principal Office Address	k	City	State	Zip	
354 MOUNT PLEASANT AVENUE		PROVIDENCE	RI	02908	
7. Mailing Address of Limited	d Liability Company and Name or Titl	e of Contact Person			
Contact Name THEO MARTINS		Contact Title OWNER			
Street Address 354 MOUNT PLEASANT AVENUE		City PROVIDENCE	State RI	^{Zip} 02908	
8 The Resident Agent inform	nation currently of record with the RI	Department of State is accurate	Changes require	e filing Form 642.	
	r, I declare and affirm that I have e. stements contained herein are tru		any accompany	ring schedules and	
Name of Authorized Person			Date		
THEO MARTINS			3/14/2025		
Signature of Authorized Pers	son D		•		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED MAR 2 0 2(125 1054

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