




State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
OFFICE ONLY

Annual Report for the year:
Limited Liability Company

2018

- 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 001667103 | 2. Exact name of the Limited Liability Company T.MARTINS,LLC | | |
| 3. NAICS Code 454110 | 4. Brief description of the character of business conducted in Rhode Island INNACTIVE LLC | | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 354 MOUNT PLEASANT AVENUE | City PROVIDENCE | State RI | Zip 02908 |
| 7. Mailing Address of Limited Liability Company and Name or Title 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 information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person THEO MARTINS | | Date 3/14/2025 | |
| Signature of Authorized Person  | | | |

MAIL TO:
Division of Business Services
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