

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2025
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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001711309	Samble Ant	o & Towns Se	ruices	U c	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
488410	<u>-</u> -				
5. State of Formation	towns (ars	cround pr	ovidano		
RI				to now	
6, Principal Office Address	<del></del>	City	State	Zip	
45 Henrietta	81	prov	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Street Address AS Henrietta	de days				
Street Address	. 7	City	State	Zip	
ils Henrietta	8T	providence	R.	2ip 02984'	
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		· · · · · · · · · · · · · · · · · · ·	Date	1 -	
E. Adedon	ひ		03/21	125.	
Signature of Authorized Person					

**FILED** 

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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov