

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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Entity ID Number	2. Exact name of the Limited Liability Company						
1778073	Henry J Almagno Jr. L.L.C.						
3. NAICS Code 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Wholesnie Distribution						
6. Principal Office Address		City	State	Zıp			
35 GOYERNOR	ST.	CRANSTON	RI	62920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Henry Almagno Principle							
Street Address		City_	State	Zip			
35 GOVERNOR	Sr.	CRAMSTON	RI	० २१ २०			
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				
HENRY J. AlMIGNO JR			3/25/25				
Signature of Authorized Person							

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**

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