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## State of Rhode Island

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

Annual Report for the year: Limited Liability Company

2023

→ 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				
001659504	NEW ENGLAND REP GROOP LIC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
238120	ZUDEPENDENT SALES REP FOR MULTIPLE BRANGS ZU FOOTWERR				
5. State of Formation					
RZ_					
6. Principal Office Address		City	State	Zip	
615 ZUDZAU AVE		MZDRETOWN	PZ	02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
TRESTAN PAYNES		OWNER			
Street Address		City	State	Zip	
615 ZNDZW AVE		MEDIKEROW	RZ	02842	
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					
17257AN		4/2/	25		
Signature of Authorized Person					
1-4					
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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

