State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 20/

-> 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 REPERSON ILL				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
238120	ZUDEPONDON? SALES REP FOR MULTIPLE				
5. State of Formation	BRANDS IN THE FOOTHER BUSINESS				
27					
6. Principal Office Address		City	State	Zip	
615 INDEAN AVE		MEDLETONN	RT	02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
17257AU KAYNES		ONNER .			
Street Address		City	State	Zip	
615 ZNOJEAN AVE		MZDICETOWN	127	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					
122572	LAYNES		4/2/25		
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

