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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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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FOR FOR STATE	
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1. Entity ID Number 2 Exact name of the Limited Lia	ability Company				
001759270 Puth	love Tro	mspor	faction le		
NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
5 State of Formation TV ans partition					
5. State of Formation	C11 1 (1)				
6. Principal Office Address	City	State	Zip		
33 Pidge St.	Cronsta	127	82920		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ruft NWap	Contact Title DWher				
Street Address 33 Picke St.	city Crankoten	State 7	zip 2921		
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 Puth Works		Date 4/1	11/25		
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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