RI SOS Filing Number: 202569975520 Date: 4/14/2025 10:45:00 AM



## 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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EC'D R	
905 WID	
85D 85146	

<del>-</del>					
Entity ID Number	2. Exact name of the Limited Liability Company				
00172409	FYM. LLC				
3. NAICS Code	4. Brief sescription of the character of business conducted in Rhode Island				
721191					
5. State of Formation	LENTA GODETTY				
RT					
6. Principal Office Address		City	State	Zip	
30 Pelhan ot		Barport	RI	0284	
7. Mailing Address of Limited Lia	ibility Company and Name or Title	of Contact Person		•	
Contact Name		Contact Title			
James Millaurer		Magazier	Mem	ber	
Street Address 1 1		City	State	Zip	
28 Sethau 5T		NEWROOM		0257	
8. The Resident Agent information	on currently of record with the RI D	Department of State is accurate. C	hanges require fi	ling Form 642.	
	leclare and affirm that I have exi nents contained herein are true		y accompanyin	g schedules and	
Name of Authorized Person		= - =-	Date	<u> </u>	
Tames Millauren 9/14/25					
Signature of Authorized Person				•	
- JumaMille	3/12mg				
1010					
Eil En					

MAIL TO:

**Division of Business Services** 

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

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