

## State of Rhode Island

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

Annual Report for the year: Limited Liability Company 2024

→ 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				
00172409	FYM. L	4			
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de Island		
1721191					
5. State of Formation	LENTA GODETTY				
RI					
6. Principal Office Address		City	State	Zip	
36 Pelhan	25t	Barport	RI	0294	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	· · · · · · · ·	,	
Jamo 1	Willaurer	Magazien	Mem	ber	
Street Address		City	State	Zio	
58 Sethain	.57	NEWDER	<u> </u>	02570	
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	26	
James Mi	Mauney		18/141	45	
Signature of Authorized Person					
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FILED

MAIL TO:

**Division of Business Services** 

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

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