State of Rhode Island
Department of State - Business Services Division

FILED
APR 11 2025
BY 156

Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001751595	Switch Origin LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
448320	Backpack Retailer		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
201 SAINT LEON AVE	Woonsocket	RI	02895
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Clement Maduro	Contact Title: Owner		
Street Address: 201 SAINT LEON AVE	City: Woonsocket	State: RI	Zip: 02895
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: Clement Maduro		Date: 04/09/2025	
Signature of Authorized Person			

MAIL TO:
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