



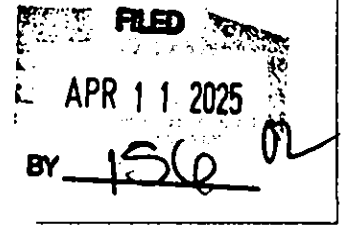
State of Rhode Island
Department of State - Business Services Division

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 001751595		2. Exact name of the Limited Liability Company Switch Origin LLC	
3. NAICS Code 448320		4. Brief description of the character of business conducted in Rhode Island Backpack Retailer	
5. State of Formation Rhode Island			
6. Principal Office Address 201 SAINT LEON AVE		City Woonsocket	State RI
		Zip 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:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov