

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| RIDIGHESO " TAPATA:52 STANDARD | |
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|-----------------------------------|--|----------------------------------|--------------------|-----------------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 001701743 | Dains enterpri | CX LLC | | | |
| 3. NAICS Code 45411() | 4. Brief description of the charac | cter of business conducted in RI | node Island | | |
| 5. State of Formation | Saltanes, | Duine Sa | elo Hes | | |
| 6. Principal Office Address | | City | State | Zip | |
| 118 Pamin | gram anc | Courson | RZ. | 01910 | |
| 7. Mailing Address of Limited Lia | ability Company and Name or Title | of Contact Person | | | |
| Contact Name Contact Title | | | | | |
| Dairys Alv | anub | | | | |
| Street Address | | City | State | Zip | |
| 228 Parmington and | | erunion | RZ | 01910. | |
| 8. The Resident Agent information | on currently of record with the RI [| Department of State is accurate. | Changes require fi | ling Form 642. | |
| | leciare and affirm that I have ex nents contained herein are true | | any accompanyinį | g schedules and | |
| Name of Authorized Person | ys Africulo | | Date 64/14 | 1/2005 | |
| Signature of Authorized Person | aughtund. | | | | |
| | // * | | | | |

MAIL TO:

Division of Business Services

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

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

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