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State.of Rhode Island

Department of State - Business Services Division

FILED STAMP APR 15 2025

Annual Report for the year: Limited Liability Company

_: <u>2025</u>

- → 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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(CON)	BY_	1064

1 Entity ID Number	2 Exact name of the Limited Liability Company					
001690514	SWYVZ, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
334210	cell phone and related accessory development and sales					
5 State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zıp		
29 Swan Road		Smithfield	RI	02917		
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Derrick Polseno, Sr.		Contact Title Member				
Street Address 29 Swan Road		City Smithfield	State RI	^{Zip} 02917		
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			
Derriek Polseno, Sr.			4/7/2025			
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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