

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025**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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001720067	The Rose Oradnic CD. LLC				
3. NAICS Code	4. Brief description of the character ef business conducted in Rhode Island				
5. State of Formation	Skin aire Products (Offices crubs)				
S. State of Contraction					
6. Principal Office Address	•	City	State	Zip	
121 Sinchir	Nrc	Prindence	nt	0290	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person			
Contact Name	3 0 1	Contact Title			
Mindia AIV	WYLTE.	CEO			
Street Address	ιΛ	City	State	Zip	
Markingliki	Ythr	Onlybrice	INT	0295	
8. The Resident Agent information	on currently of record with the RI I	Department of State is accurate. O	hanges require fil	ling Form 642.	
	leclare and affirm that I have ex nents contained herein are true	amined this report, including ar and correct.	ny accompanying	g schedules and	
Name of Authorized Person	A/ 10,200) =		Date /	カラノフンス	
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Signature of Authorized Person				,	

FILED

MAIL TO:

Division of Business Services

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