

State of Rhode Island

Department of State - Business Services Division

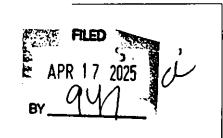
Annual Report for the year: 2025

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.



1. Entity ID Number 001736776	2. Exact name of the Limited Liability Company North Brow Street, LLC			
3 NAICS Code 811111	Brief description of the character of business conducted in Rhode Island AUTO REPAIR			
5 State of Formation RI				
6. Principal Office Address 205 N BROW STREET	-	City EAST PROVIDENCE	State RI	Z _{IP} 02914
7. Mailing Address of Limited L	iability Company and Name or Tit	le of Contact Person	1	
Contact Name SAMER ELALAMI		Contact Title		
Street Address 205 N BROW STREET		City EAST PROVIDENC	State RI	^{Zip} 02914
8. The Resident Agent informa	tion currently of record with the RI	Department of State is accurate. C	<u>I</u> hanges require	e filing Form 642.
	declare and affirm that I have e ments contained herein are tru	xamined this report, including an e and correct.	y accompany	ring schedules and
Name of Authorized Person SAMER ELALAMI			Daje / - / 2 - 2 - 5	
Signature of Authorized Person	Mai			

MAIL TO:

Division of Business Services

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

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