

## State of Rhode Island Department of State - Business Services Division

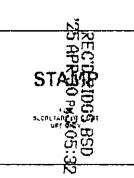
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Annual Report for the year: 202!
Limited Liability Company

→ 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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Entity ID Number	2. Exact name of the Limited Liability Company				
001763560	2 PRIMO LL	-			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5/2240	Recording Studio, Art Gallery				
5. State of Formation	)	7 7 7	/		
RI					
6. Principal Office Address	<del></del>	City	State	Zip	
58 HI GH ST.		WESTERLY	RI	02891	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		•	
Contact Name  Toromor Kurty		Contact Title  Mr. / CEO			
Street Address 58 High St.		City Westerly	State P	Zip 02891	
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		
Jaronit 1	urty		4/28/25		
Signature of Authorized Person	~///~	~			
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FILED

MAIL TO:

**Division of Business Services** 

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

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

FORM 632 - Revised: 12/2023