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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.

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1005 350 FM12.25:00	

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
00178982	Lucky Soli	utions 66c	.			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1 422150						
5000	Selling Medical Equipment					
5. State of Formation	1 serior	Colla Cao	0			
KHOJE ISLANU						
Principal Office Address		City	State	Zip		
10 1200Ranc	E ST: Suite 200	Gravidence	RIF	00903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
John Gere	ZIRZ	OWNER				
Street Address PLC NC	est	Beotidence	State RT	20 2903		
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	0-07		
John Gere	IRa		05-0	1-2025		
Signature of Authorized Person						
Jom (a	for-					
)	•				

MAIL TO:

Division of Business Services

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

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

MAY n 1 2025 BY W858P

FORM 632 - Revised. 12/2023