

STAMP

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.

RECEIVED R.I. DEPT. OF STATE

Penalty: Additional \$2	5.00 fee it form is not lifed by		2025 HAY	-5 D 2: 55	
1. Entity ID Number 001665987	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
3. NAICS Code 611430	4. Brief description of the MANAGEMENT	4. Brief description of the character of business conducted in Rhode Island MANAGEMENT			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 75 COLONIAL AVENUE		City CRANSTON	State RI	Zip 02910	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name CECILIA CEPEDA		Contact Title MEMBER			
Street Address 75 COLONIAL AVENUE		City CRANSTON	State RI	^{Zip} 02910	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accura	ite. Changes requir	e filing Form 642.	
Under penalty of perjury, statements, and that all s	I declare and affirm that I hav tatements contained herein a	ve examined this report, including are true and correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date		
CECILIA CEPEDA			02/04/2025		
Signature of Authorized Pe					

FILED

MAY 0 5 2025

BY 6 1254

MAIL TO:

Division of Business Services

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

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