Annua

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **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.

			~ ~ ~	- PC	
1. Entity ID Number	2. Exact name of the Limited Liability Company		5		
001771460	Simmi, LLC		D COSTE		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
238340	4. Brief description of the character of business conducted in Rhode Island W. Bathroom, Kitchen and Tile installation				
5. State of Formation]				
Rhode Island					
6. Principal Office Address		City	State	Zip	
24 Eiken Drive		N. Kingstown	RI	02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Brandon Simeone		Owner/CEO City N. Kingstown BI 02857			
Street Address		City	State	Zip	
24 Eileen Dive		N. Kingstown	BI	02852	
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		
Brandon Simeone			5/1/2025		
Signature of Authorized Person					

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