RI SOS Filing Number: 202572737320 Date: 5/2/2025 4:00:00 PM

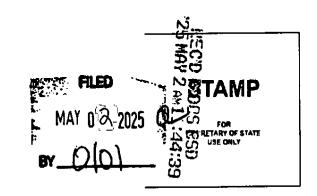


## State of Rhode Island Department of State - Business Services Division

→ 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		2. Exact name of the Limited Liability Company			
001760377	Espress by S	trive LLC			
3. NAICS Code 5. State of Formation RI	4. Brief description of the c	character of business conducted in	Rhode Island		
6. Principal Office Address		City	State	Zip	
556 Atwells Ave Ste. 100		Providence	RI	02909	
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person	<u>.</u>		
Contact Name Joseph Colaluca		Contact Title Owner			
Street Address 556 Atwells Ave Ste. 100		City Providence	State	<sup>Zip</sup> 02909	
8. The Resident Agent infon	mation currently of record with th	e RI Department of State is accur	ate. Changes require	e filing Form 642.	
	y, I declare and affirm that I ha atements contained herein are	ve examined this report, include true and correct.	ing any accompany	ring schedules and	
Name of Authorized Person			Date		
	Joseph Colaluca			05/01/2025	