

State of Rhode Island Department of State - Business Services Division

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.

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1. Emily ID Number	2. Exact name of the Limited L			i
001667126	All-Brand D	Very England	-la Co	
3. NAICS Code	4. Brief description of the charge	acter of business conducted in Rh	ode isiano ratoto d'ac	ricc goods
424400	Distribute T	octer of business conducted in Rhi ood and food r ry Sc. 1100 411 d	adult de	ay cure
5. State of Formation	to the nurse	ry Schoolann.	que () · · · ·	,
M/t	markel			Zio
6. Principal Office Address		City	State	01840
250 Canal	St	Larrence	1/1/1	01010
7. Mailing Address of Limited Lie	ability Company and Name or Til	lle of Contact Person		
Contact Name Crea Mil	lac	Contact Title	Dunes	
	(e. 1	City	State 4 A	Zio 1045
Street Address Box 7	26	N. Andoser	[[1/]	0107~
	ends diseased with the Q	I Department of State is accurate	Changes require	ming rom 642.
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North # Authorized Person	Miller.		Date 5/L	5/25
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Signature of Authorized Person	hilles			
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MAIL TO:

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

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

FORM 632 - Revised: 12/202