

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

Annual Report for the year: 202 **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. Entity ID Number	2. Exact name of the Limited Liability Company				
114639	Coda, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531 390	- the state of the				
5. State of Formation	12 cal Estate Favestments				
RI					
6. Principal Office Address		City	State	Zip	
7 Sherwood Drive		Hope	RI	0283	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
DAUID ENUKSON		member			
Street Address		city Hone	State	Zip 77/	
7 Sherwood DR.		Hore	State	0283/	
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			5/27/25		
Signature of Authorized Person					

MAY 27 2025

MAIL TO:

Division of Business Services

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

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