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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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001757,209	Based On A True Story LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
641613	Marketing / personal branding agency				
5. State of Formation					
RI				<u>. </u>	
6. Principal Office Address		City	State	Zip	
225 Over Street		Providence	1()_	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Jude Amouleo		owner			
Street Address 602 Webster Ave		city Cranston	State	02920	
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		
Jude Ameako			05/1	29/2025	
Signature of Authorized Person					
I delle					
			-		

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BY ZDQ60

MAIL TO:

Division of Business Services

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

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