RI SOS Filing Number: 202574137650 Date: 5/30/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 3035 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 Lia	bility Company			
001681639	Mastery Par	whing Pro SIC	,		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
238300	Paindin	9			
5. State of Formation	/ 50 ' \				
RI					
6. Principal Office Address		City	State	Zip	
56 Union	ST	Hincoln	KJ	02865	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Hnton.	10 Rocha	owner			
Street Address 56 Uni	ion st	d'incolu	State	Zip ADS6S	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
	leclare and affirm that I have ex nents contained herein are true	•	ny accompanyin	ng schedules and	
Name of Authorized Person	o Rockan		Date 5/	50/25	
Signature of Authorized Person	And to a		 /		

LILED

MAY 3 n 2025

MAIL TO:

Division of Business Services

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

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