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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: Climited 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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4.5-44.10.11	In Frank manner of the United Line	hilds Company					
1. Entity ID Number	2. Exact name of the Limited Liability Company						
11008/11	teliz taki	11					
3. NAIGS Code 4. Brief description of the character of business conducted in Rhode Island							
5. State of Formation	, , , , , , , , , , , , , , , , , , , ,						
6. Principal Office Address	A	City	State	Zip			
485 hansto	-St	Provileres	RI	02901			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title	<u></u>				
FueliW 60	Wdalez	President					
Street Address	Aproviler	Providen	State	2ip 02902			
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.							
Mame of Authorized Person	L		Date 6 -3-	2035			
Signature of Arthorized Person							
							

MAIL TO:

Division of Business Services

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

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