



2025 JUN -2 P 1: 1

|   |   |                |       | 2023 3011 2 145 |
|---|---|----------------|-------|-----------------|
| Entity ID Number  | 2. Exact name of the Limited Lia  | bility Company |       |                 |
| 001748043   | Trusted All   | GOODS LLC      |       |                 |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                |       |                 |
| 454110<br>5. State of Formation   | Online Reta   | il SAles/E     | - com | Merce           |
| Rhade Island  |   | <i>,</i>       |       |                 |
| 6. Principal Office Address   |   | City           | State | Zip             |
| 32 Norma st   |   | Johnston       | RI    | 02919           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                |       |                 |
| Contact Name  |   | Contact Title  |       | <del></del> -   |
| Miguel I Rosales Mesi A Manager   |   |                |       |                 |
| Street Address  |   | City           | State | Zip             |
| 32 Norma st   |   | Johnston       | RI    | 02010           |
| 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           |       |                 |
| Miguel I Ro   |   | 05/29          | 12025 |                 |
| Signature of Authorized Person  |   |                |       |                 |

**Division of Business Services** 

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

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