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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 255

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001717792	R.y.P.e.c. LCC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236118	Hom Restoation and Rendration					
5. State of Formation	7,6. · (65) · · · · · · · · · · · · · · · · · ·					
化工、						
6. Principal Office Address	<u> </u>	City	State	Zip		
1031 Plainfield		John Fon	RT.	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	.1	Contact Title				
Kichael FRA	rely					
Street Address		City	State	Zip OO O		
1031 Agintied	St #21	John Ston	15	1024()		
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 /	· -		
Victor Frailli			6/5/25			
Signature of Authorized 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 FILED

JUN 05 2025



BY APJIV