State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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.

1. Entity ID Number 1689588	2. Exact name of the Limited Liability Company 887 CHALRES STREET		
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island Lessors or Residential Building and Dewelling		
5. State of Formation Rhode Island			
6. Principal Office Address 887 Charles Street	City North Providence	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Arlex Bonilla	Contact Title President		
Street Address 6 Edwards Street	City North Providence	State RI	Zip 02904
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 ARLEX BONILLA		Date 6/2/2025	
Signature of Authorized Person Arlex Bonilla			

FILED
JUN 9 2025
BY 320

MAIL TO:
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