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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 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 001335485	2. Exact name of the Limited Liability Company MARTA MAYORGA, LLC				
3. NAICS Code 561720 5. State of Formation RI	4. Brief description of the charac	ter of business conducted in Rhoo	de Island		
6. Principal Office Address 223 UNION AVENUE		PROVIDENCE,	State RI	Zip 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
MARTA A. GUILAR GARCIA		Contact Title			
Street Address 233 UNION AVE		City PROV	State RI	<sup>Zip</sup> 02909	
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 MARTA A. GUILAR GARCIA			Date		
Signature of Authorized Person   Signature of Authorized Person					

FILED

18 2023

MAIL TO:

**Division of Business Services** 

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

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