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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025

→ 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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15 to 1	los in the second				
1 Entity ID Number	2. Exact name of the Limited Liability Company				
1694306	Rhulp Is	land Fire &	James	stemsx	
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
208210	Salos Installation and Service of Files 1				
5 State of Formation	Alam Systems	ACCRSS CONTRA	1/ FION	Consultal -	
Rhove Island	Education as			cosulpon	
Principal Office Address		City	State	Zip	
544 Victor	Hwy	MaplevMe	RZ	02839	
7. Mailing Address of Limited Lability Company and Name or Title of Contact Person					
Contact Name		Contact Title	<u></u>		
Thomas 1	Ryan	owner			
Street Address SYY VICTOR	y Hue	Mapke 11/0	State	Zip DDSG	
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 /	Date /	
Mary Ryan			6/15/2025		
Signature of Authorized Person					
All					

FILED

JUN 27 2025

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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