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State of Rhode Island Department of State - Business Services Division

year: LOUS

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	2. Exact name of the Limited	d Liability Company			
1729657	TRES DESIGN BUILD LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236118	INTERIOR DESIG	N 3 CONSTITUCTIO	\sim		
5. State of Formation					
PI			_		
6. Principal Office Address		City	State	Zip	
318 INDIANA	AVE	PROVIDENCE	P-1	02405	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
CHRISTOPHE12	AINA	CO OWNER			
Street Address		City	State	Zip	
318 INDIANA	AVE	HOW IDENCE	121	02905	
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		
CHRISTOPHER AINA		6/30/25			
Signature of Authorized Person					

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MAIL TO:

Division of Business Services

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

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



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