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

Annual Report for the year: Limited Liability Company

2025

→ 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	2. Exact name of the Limited Liability Company			
0017646-12	AE128 WAYLAND MANAGELLLL			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
581110	TO ENGAGE IN The BUSINESS OF RENESTATE			
5. State of Formation	AND any LAWFILL ACTOR DETIVITY FOR CHICLE S.			
EI	12HDDE TO LIABILITY COMPANY MAY BE GUSA 1122 UNOQUE 12HDDE TO INNEL S (1m (70) LIBBIALITY COMPANY ACT, AND			
6. Principal Office Address	BU ACTIVITION NECE	CONTAI	Specia	Zip '
125 CARIS BAD ST		CRONSTUM	127	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
DNTHONY E DUTIELLO				
Street Address		CRANSTIA	State	Zip
125 CALISIBOD ST		C1C0 \(\frac{1}{2}\)(1\tau)	RI	02529
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	
ANTHONY E AUTIENS			7-1-25	
Signature of Authorized Person				
Spell ph				

**FILED** 

JUL 0 1 2025

BY 75 V8 N

MAIL TO:

**Division of Business Services** 

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

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