

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

REC'D RIDGS BSD '25 JUL 2 PHI: 19:07

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                              |                |                   |           |
|---|---|----------------|-------------------|-----------|
| 001776206   | Investment Bass LLC   |                |                   |           |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                |                   |           |
| 31 6990   | Buy and Sell reuse High-ead   |                |                   |           |
| 5. State of Formation   | bass succi, Louis Vuttien, Parada letc.                                     |                |                   |           |
| Pl  | Day 80001, Louis 1, 14 10 10 10 10 10 10 10 10 10 10 10 10 10               |                |                   |           |
| 6. Principal Office Address   |   | City           | State             | Zip       |
| 92 acading Aue  |   | Provided       | RI                | 02404     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                |                   |           |
| Contact Name  |   | Contact Title  |                   |           |
| Mathen U  |   |                | <u></u>           |           |
| Street Address 92 acading Ave   |   | City Providera | State /           | zip 07905 |
| 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  Mathem Warn  |   |                | Date July 2, 2 28 |           |
| Signature of Authorized Person  |   |                |                   |           |

**FILED** 

JUL 02 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



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