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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

→ 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 Liability Company						
1696377	Sin Enterprise W						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
423 990 5. State of Formation	Product Sales						
6. Principal Office Address		City	State	Zip			
A26 Sylvan	Lone	London	RI	02845			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Anthony D	Di Pippo Contact THE President						
Street Address	•	City	State	Zip WOS6			
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	DiPipo		Date 7 /	1/25			
Signature of Authorized Person	DATTER						

FIRMED

BBY STWEA K

MAIL TO:

Division of Business Services

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

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