RI SOS Filing Number: 202576952530 Date: 7/16/2025 1:45:00 PM



## State of Rhode Island

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

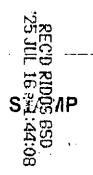
Annual Report for the year: Limited Liability Company

2029

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31.



	· "			
Entity ID Number	2. Exact name of the Limited Liability Company			
001754304	Warm Hugs UC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
624410	Home daycare			
5. State of Formation				
Rhode Island				
Principal Office Address		City	State	Zip
24 Hilarity	St	Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Yasiyn WRAY		Owner State Zip O2909		
Street Address		City	State	Zip
24 Hilarih	st.	Providence	RI	02909
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 \	- <del>V</del>		Date	
<u> </u>	islyn WEAY		7/16	25
Signature of Authorized Person				
		3		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1:45 P

BY MEKAW