

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

R#C'D RIDOS BSD 25 JUL 18 PK1:25:06

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001676403	Simplified Impact UC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541613	Harheting Consulting Firm			
5. State of Formation	1	7 7		
Rhode Island				<u>,</u>
6. Principal Office Address		City	State	Zip
96 VanLandt Ave		Newport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Ara Maria Roeynes		(حوع)		
Street Address		City	State	Zip
96 van Zandt Ave		Newport	*!	02840
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				
Ava Harra Raynes			7	17/25
Signature of Authorized Person  Light Maria Deuro				
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FILED

JUL 18 2025 BY 767 BY 127 PY

MAIL TO:

Division of Business Services

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

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