RI SOS Filing Number: 202577122680 Date: 7/22/2025 4:00:00 PM

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001722971	SKULPTURES ON	LOLFE SOLVARE.	uc		
3. NAIUS Code	4. Brief description of the character of business conducted in Rhode Island				
817111 <u> </u>	BARRER ING				
5. State of Formation					
et_			<u>.</u>	<u>,,</u> ,	
6. Principal Office Address	-	City	State	Zip	
92 ROLFE SOU	WE	CHANGEON	KJ_	02910	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		<u></u>	
Contact Name		Contact Title			
CHASTORICE BALKON		OWNER/BREER			
Street Address		City	State	Zip	
2a hus St.		CRANSON	P2-	02920	
	on currently of record with the RI D	epartment of State is accurate. C	hanges require f	iling Form 642.	
9. Under penalty of perjury, I d statements, and that all staten	leciare and affirm that I have exe nents contained herein are true	mined this report, including ar and correct.	ny accompanyin	g schedules and	
Name of Authorized Person			Date		
Chriscopher Boren			07.22.25		
Signature of Authorized Person	<u> </u>				
C.52-					

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

JUL 22 2025

BY <u>NF2v8</u>