

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 Lia	bility Company			
001722971	SKULPTURES ON ROLFE SOLVARE, LY				
3. NAIUS Code	4. Brief description of the character of business conducted in Rhode Island				
812111	BARRENING				
5. State of Formation					
&I					
6. Principal Office Address		City	State	Zip	
92 POLFE SQUAFE		CRANSCON	121	02910	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	· .	··	
Contact Name		Contact Title			
CHASTOPHER BARRON		OWNER/BER			
Street Address		City	State	Zip	
2a huar St.		CRANSON	127	02920	
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 distance statements, and that all statements.	leciare and affirm that I have ex- nents contained herein are true	amined this report, including and correct.	any accompanyi	ing schedules and	
Name of Authorized Person			Date		
Chriscopher Bon	LRIN		07.22.25		
Signature of Authorized Person					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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BY NFEV8