RI SOS Filing Number: 202577150700 Date: 7/23/2025 12:50:00 PM

State of Rhode Island

State of Rhode Island
Department of State - Business Services Division

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.

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REC'D RIDOS BSD 25 JUL 23 ×12:45:10	e to ex	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1711412	APM lander	sory 1/c.				
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	le Island			
561730	I characing.					
5. State of Formation	` `	\				
P				<u> </u>		
6. Principal Office Address		City	State	Zip		
555 Brown	to 12	rentalfells	14	IN3		
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		·		
Contact Name	-	Contact Title				
Jason V	ocha Ju					
Street Address		Cintra Lella	State	EN SO		
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	3.25		
Signature of Authorized Person	she l.		,			
	- 0,					

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MAIL TO:

**Division of Business Services** 

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

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