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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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Entity ID Number	2. Exact name of the Limited Liability Company					
1711412	HPM landsapru 1/c					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561730	I charcoping.					
5. State of Formation	`	`				
P						
6. Principal Office Address		City	State	Zip		
555 Brown	to 16	rentalfells	NA	Sars.		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Jason V	ocha. Iv					
Street Address Street Address	. L. L	Ciny ta Lella	State	END GIS		
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 C	3.25		
Signature of Authorized Person						
	<u> </u>					

FILED ON WAS JUL 23 2025
BY BWWNT

MAIL TO:

Division of Business Services

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

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