RI SOS Filing Number: 202577152830 Date: 7/23/2025 12:48:00 PM REC'D RIDOS 8SD '25 JUL 28 PH12:46:21 State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: **Limited Liability Company** -> Filing period: February 1 - May 1

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
1711412	HPm landsaggy 1/c.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
561730	I characing.				
5. State of Formation	`	`			
P					
6. Principal Office Address		City		State	Zip
555 Brown	to le	rentre	.lfells	14	JURZ
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Perso	on		
Contact Name		Contact Title	•		
Ason V	ocha. Iv			<del>,</del>	
Street Address  Street Address	.f. k	Contal	£1/0	State	ESS S
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.				
V P	0.				

MAIL TO:

**Division of Business Services** 

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

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