

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					
OUILAX3881 Petris Bra		idt				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
5 State of Formation	Sclon					
6. Principal Office Address		City	State	Zip		
492 firmand Are		providence	N	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Remalka Clandio		Oure				
Street Address		City	State	Zip		
492 Elmwow	d se	Proudence	42	02407		
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			
Remain Clurdio			7/25/25			
Signature of Authorized Person						

FILED

JUL 25 2025

MAIL TO:

Division of Business Services

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

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