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

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× Cli ≺	State of Rhode Island	
	Department of State - Business Services Division	RIE 25
Annual	Report for the year: 2095	.1.83 SO(
Limited Liability Company		250 04:
	g period: February 1 - May 1	4)

1. Entity ID Number	2. Exact name of the Limited Lia	xact name of the Limited Liability Company					
001766497	Phone Hub Providence LLC						
		ter of business conducted in Rho	de Island	R to			
811210	We offer Service and troubleshooting to						
5. State of Formation	electronics						
K-T							
6. Principal Office Address		Providence	State	02904			
1279 N. Main	street	Providence	167	02707			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name	-	Contact Title					
Nicholes Ju	SZCZYSZYN	Manager					
Street Address		Con Zence	State	02904			
1279 N. Main 5	-						
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 07/24/25					
Nicholas Juszczyszyn 10,7/29/0							
Signature of Authorized Person							

FILED 1.06

JUL 25 2025

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov BY 6XKTØ