RI SOS Filing Number: 202577311930 Date: 7/30/2025 4:00:00 PM



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.

| REC'D | | |
|---------------|---|--|
| C'9 RIDOS 8SD | i | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|---------------|-------|----------|--|--|
| 00790844 | Cuch Appeal LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 212321 | | | | | | |
| 5. State of Formation | construction + landscaping | | | | | |
| RT | | ` | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 21 Falm S |) † | Cranston | PI | 02920 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | Contact Title | | | | |
| Edward J. | Stenovitch TI | Junes | | <u>,</u> | | |
| Street Address | | City | State | Zip | | |
| 21 trales St. | | (ranson | PI | 02920 | | |
| 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 | 0 . | | Date | 1 — | | |
| Edward J. | 1 J. Stenovitch TIL | | 7/30 | 25 | | |
| Signature of Authorized Person Lewowitch 111 | | | | | | |
| | | | | | | |

JUL 3 U 2025 Q

MAIL TO:

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

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