RI SOS Filing Number: 202577383630 Date: 8/4/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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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1. Entity ID Number	2. Exact name of the Limited Liability Company					
1754766						
	Samuel Solutions LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
# 37 990 5. State of Formation	ronstruction/Lead abatement					
Rhode Island	(0)1131.130.		(237990			
6. Principal Office Address		City	State	Zip		
72 Allendale Aue		Johnston	rl_	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Samuel Martinez		owner				
Street Address		City	State	Zip		
77 Allendale que		Johnston	e/	02919		
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 Samuel Martine 2			Date Aug	Date Aug 4, 2025		
Signature of Authorized Person						

MAIL TO:

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

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