



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 AUG 12 AM 11:41:21

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.

|                                                                                                                                                                                                         |  |                                                                                                      |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001774367                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>AW:Ti LLC                                          |             |
| 3. NAICS Code<br>492110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Delivery Service/Food |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                      |             |
| 6. Principal Office Address<br>199 Greenwood ST                                                                                                                                                         |  | City<br>Cranston                                                                                     | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02910                                                                                         |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                      |             |
| Contact Name<br>Registered Agents INC.                                                                                                                                                                  |  | Contact Title<br>Registered Agent                                                                    |             |
| Street Address<br>47 WOOD Ave.                                                                                                                                                                          |  | City<br>Barrington                                                                                   | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02806                                                                                         |             |
| 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<br>Moises C. Raman Rios                                                                                                                                                       |  | Date<br>8/12/25                                                                                      |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                      |             |

FILED

AUG 12 2025

BY

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MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov