

## 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001774367	AWiliLL	/ ·		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
492110	Delivery Service Good			
5. State of Formation				
Rhode Island		···		<del></del>
6. Principal Office Address		City	State	Zip
199 Greenwal	) ST	Caarston	RI	02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	Contact Title	Δ		
Registered Agents INC.		Registed Agent		
Street Address		City , U	State	Zip
47 WOOD Ave.		Barrington	KI	028060
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 //2	1/25
Moises C. Ronga Kios 8/17/25				
Signature of Authorized Person				
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FILED

AUG 1 2 2025 PRQA1

MAIL TO:

Division of Business Services

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

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