RI SOS Filing Number: 202577998690 Date: 9/4/2025 9:58:00 AM



State of Rhode Island Department of State - Business Services Division

--> 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 Lial	bility Company		1112		
001153365	Dream Tear		emo	Vay 4		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
562998	Trask Removal, Yard Clean, MOVING					
5. State of Formation	Start Dem		7 ''			
6. Principal Office Address		City	State	Zip		
139 Murray	St	Providence	KI	02909		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Gentact Name Promes Rodrigues and Governous Contact Title						
Street Address	87	"Riouidana	State	02909		
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	odriquez-f	Pivegla.	Date /4	25		
Signature of Authorized Person						
						

SEP 0 4 2025
BY 6 VBVP

MAIL TO:

Division of Business Services

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

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