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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.

2024

1. Entity ID Number	2. Exact name of the Limited L	iability Company		<u> </u>
001702909	Pablic Firmar & Carelly - LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541611	Public Cons.	Uting Senui	eep	
5. State of Formation		,		
Rhode Island				
6. Principal Office Address		City	State	Zip
546 Angell St.		Providence	RI	02906
7. Mailing Address of Limited	Liability Company and Name or Tit	e of Contact Person		
Contact Name		Contact Title		
John C Simmons		Managing Director		
Street Address 546 Angell St.		City Providence	State RI	^{Zip} 02906
8. The Resident Agent inform	nation currently of record with the RI	Department of State is accur	ate. Changes require	e filing Form 642
9. Under penalty of perjury, statements, and that all sta	, I declare and affirm that I have e tements contained herein are tru	xamined this report, include e and correct.	ing any accompany	ring schedules and
Name of Authorized Person			Date	
John C Simmons		August 19. 2025		
Signature of Authorized Pers	KelAn			

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SEP 04 2025

BY RYGDE

MAIL TO:

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

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