

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 Lia	bility Company				
001753201	765 MGIW LL					
3. NAICS Code	4. Brief description of the character	cter of business conducted in Rh	ode Island			
531390						
5. State of Formation	$ Oil_{-1} $	1 1 1 0	. /			
KI	Réal Estate INV	estment and trage	erty Me	anagehent		
6. Principal Office Address		Chy	State	Zip		
765 main st		Pawtichet	1/1	02460		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Coplect Name RAfge Sundoval		Contact Title				
		Owner				
Street Address LOS Malks	<i>s</i> +	Particket	State	02860		
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 Kafael Sandwel			Date 9/8/25			
Signature of Authorized Person						
1 wps saweer						

FILED

SEP 0 8 2025 BY OM dg B

MAIL TO:

Division of Business Services

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

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