RI SOS Filing Number: 202578215390 Date: 9/15/2025 4:00:00 PM

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 Limit	ted Liability Company			
1. Endly 1D Number	4				
661704855	545 impact LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
423100					
5. State of Formation	IM (04)				
67	`				
6. Principal Office Address		City	State	Zip	
27 24 may Ch	cac Ale	Providence	RJ	02404	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
5160 L 511	7122	BUNGS			
Street Address		City	State	Zip (A	
27 what chair	hV 1	Providerce	RL	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	<u> </u>		Date /	/	
1051 65 im	12 News		9/15	rors	
Signature of Authorized Person					
Inglisher	_///		·	·	

FILED

SEP 15 2025

BY 6milm

MAIL TO:

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

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