RI SOS Filing Number: 202579507610 Date: 10/6/2025 4:00:00 PM



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.

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1. Entity ID Number	2. Exact pame of the Limited Lia	bility Company	<u> </u>				
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1129819	Mast 7 Solutio LC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
5/2/10	viduo production						
5. State of Formation							
L J	<u> </u>			770			
6. Principal Office Address		City	State	zip O N Q C			
212 15t Ave	#IB	Moonsockit	KT	08815			
7. Mailing Address of Limited Liabitity Company and Name or Title of Contact Person							
Contact Name	1 0 10	Contact Title					
tahio.	Hardus Westers	Owner		<u> </u>			
Street Address 212 1St AVa	# 18	Woo mudet	State	02895			
B. 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	bio Leis		Date /0 -	6-25			
Signature of Authorized Person							

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MAIL'TO:

Division of Business Services

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

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