State of Rhode Island
Department of State - Business Services Division

RALD CONTRACTOR

Annual Report for the year: 20

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.

| 023 | JUN | 22 | Α | q; | 03 |
|-----|------|----|---|----|----|
| VLJ | 0011 | | 1 | • | - |

| 1. Entity ID Number | 1. Entity ID Number 2. Exact name of the Limited Liability Company | | | | | | |
|---|---|---------------|--------------|-------|--|--|--|
| (501712891 | VITI2891 LHL TUDUSTRIES, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 246580 | Tours | | | | | | |
| 5. State of Formation | | | | | | | |
| RI | | | , | | | | |
| 6. Principal Office Address | <u>- </u> | City | State | Zip | | | |
| 1865 WESTSIN | de LN | New Shorchan | RI | 02807 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name | | Contact Title | | | | | |
| K. En K Wallin Reg. AGest | | | | | | | |
| | | City | State | Zip | | | |
| Unas < Printy 1 | T SEI | Charestan | KI | 00813 | | | |
| Beginner Associated Services surgestly of record with the RI Department of State is accurate. Changes require ming 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. | | | | | | | |
| 111310 | | | | | | | |
| Name of Authorized Person 6/20/23 | | | | | | | |
| Signature of Authorized Persop | | | | | | | |
| | | | _ | | | | |

FILED

JUN 2.2 2023 BYML THRKH

MAIL TO:

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

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