RI SOS Filing Number: 202450879470 Date: 4/11/2024 4:00:00 PM

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## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 27 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 L	iability Company			
159247	10mpcD	114.			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 390	Parl	= Na to			
RY	7600			<u>,                                     </u>	
6. Principal Office Address	`	City	State /	Zip	
59 Dale Hill Rd.		More.	21/V	02831	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	h	Contact Title			
Man Dia	()	A TOTAL AND A	State /	Zip	
Stroet Address 200 M	MACH Rd.	City Voce	State	02871	
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 &	1/2024	
Signature of Authorized Person 7					
Milan (Sunne)					

MAIL TO:

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

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