RI SOS Filing Number: 201753505880 Date: 11/16/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

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

R.I. DEPT. OF STATE BUS SYCS DIV

Annual Report for the year: \_2017 2017 NOV 16 PM 2: 59 **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>517454</b>	2. Exact name of the Limited Liability Company TRIDENT ENTERPRISES, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541213	TAX AND ACCOUNTING SERVICES. REAL ESTATE MANAGEMENT					
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
58 TELL STREET, 1F			PROVIDENCE	RI	02909	
7. Mailing Address of Limited Lia	abi <mark>lity Compar</mark>	ny and Name or Ti				
Contact Name NITIN TRIVEDI			Contact Title PRESIDENT			
Street Address 58 TELL STREET, 1F			City PROVIDENCE	State RI	<sup>Zip</sup> <b>02909</b>	
8. List ALL managers (names ar	nd addresses	) of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This informa	ation is currently of re	ecord with the Department of State.	Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all staten				any accompanying	schedules and	
Name of Authorized Person				Date	Date	
DEBBIE TRIVEDI				11/01/2	11/01/2017	
Signature of Authorized Person	ind)		I REPORTE HER	•		

MAIL TO:

**Division of Business Services** 

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

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

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