RI SOS Filing Number: 202072290000 Date: 11/2/2020 4:00:00 PM



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year:  $\frac{2020}{}$ 

**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.

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BY
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4. Brief descript		ter of business conducted in F	thode Island				
·		ter of business conducted in F	thode Island				
Recl	ESTUTE						
	W3 0/2			Real Estate			
6. Principal Office Address			State	Zip			
38 Powel And			RI	02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Annuld A Sanazen			Contact Title				
Street Address 38 Powel Ave			State RI	Zip 02 840			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
State	Ζip	City	State	Zip			
Manager Name			Manager Name				
Street Address			Street Address				
State	Zip	City	State	Zip			
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642							
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 ARNULU A- Sana Zew			Date /0/	Date 10/30/20			
Signature of Authorized Person							
	State  Currently of records and affirm to contained	State Zip  Currently of record with the RID and affirm that I have examints contained herein are true	Contact Title  Contact Title  City  City  Acceptate  I addresses) of the Limited Liability Company, IF APPLICABLE  Manager Name  Street Address  State  Zip  City  Manager Name  Street Address  City  City  City  City  Manager Name  Street Address  State  Zip  City  City  City  Currently of record with the RI Department of State is accurate are and affirm that I have examined this report, including and this contained herein are true and correct.	Contact Title  City Hewper State RI  Addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MI  Manager Name  Street Address  State  Zip City State  Check the box to incompany of record with the RI Department of State is accurate. Changes require the reand affirm that I have examined this report, including any accompanying and contained herein are true and correct.  Date  MILL A Sana Rev  Contact Title  State RI  State RI  Check the box to incompanying and contained herein are true and correct.  Date			

MAIL TO:

Division of Business Services

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

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