



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

FILED
STAMP

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BY

32959

DS

1. Entity ID Number 1659841		2. Exact name of the Limited Liability Company SVNTatarian, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Commercial building rental			
5. State of Formation Rhode Island					
6. Principal Office Address 8797 Pohick Creek View			City Springfield	State VA	Zip 22153
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Raffi Tatarian			Contact Title Member		
Street Address 8797 Pohick Creek			City Springfield	State VA	Zip 22153
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		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	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 Raffi Tatarian				Date 11/3/2020	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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

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