

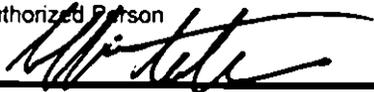


State of Rhode Island
Department of State - Business Services Division

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**
 NOV 17 2020
 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 <input type="checkbox"/>							
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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov