

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

Annual Report for the year: $\frac{2019}{}$ **Limited Liability Company** → Filing period: September 1 - November 1 → Filing Fee: \$50.00

						
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
001679377	Chahin Te	Chahin Technology Solutions LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
999999		WE PROVIDE TECHNOLOGY SOLUTIONS RELATED TO HEALTHCARE AND EDUCATION IN				
5. State of Formation	MEDICAI.	. FIELDS			!	
RI						
6. Principal Office Address			City	State	Zip	
175 Federal way unit 102	175 Federal way unit 102			RI	02919	
7. Mailing Address of Limited Lia		iny and Name or	r Title of Contact Person			
Contact Name Abdullah Chahin			Contact Title	Contact Title		
Street Address 175 Federal way unit 102			City Johnston	State RI	Z _{IP} 02919	
8. List ALL managers (names a	ind addresses	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
				Check the box to	indicate an attachment	
9. The Resident Agent information	on currently c	of record with the	e RI Department of State is acc	curate. Changes requir	re filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	clare and affi ments conta	irm that I have dined herein are	examined this report, includi true and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person				Date		
Abdullah Chahin				01/19/2	2021	
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 FILED

APR 0 2 2021

RM 632 - Revised: 08/2020