

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

APR 06 2021

BY

151

1. Entity ID Number 001690333		2. Exact name of the Limited Liability Company TRIA PAIDIA, LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY	
5. State of Formation RI			
6. Principal Office Address 91-93 LONG WHARF		City NEWPORT	State RI
		Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Anastasia Goodman		Contact Title Partnership / Owner	
Street Address 16260 Yates Street		City Omaha	State NE
		Zip 68116	
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	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
PA		L	
Check the box to indicate an attachment <input checked="" 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 Anastasia Goodman			Date 3.15.21
Signature of Authorized Person Anastasia Goodman			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov