Department of State - Business Services Division S. SYCS DIV

2021 AUG 27 PM 2: 44

2020 Annual Report for the year: **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.

4 5-14 10 11	T					
Entity ID Number		2. Exact name of the Limited Liability Company				
001696024	Suth Augall Derelapment LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Real Estate Construction					
5. State of Formation						
RI						
6. Principal Office Address			City 2	State	Zip	
81 Gention Aug			City Providence	State	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Arcf Shehadeh			Contact Title Owner			
Street Address 81 Genting Aug			City Providency	State CI	Zip 02905	
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	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>		eck the box to in	dicate an attachment	
9. The Resident Agent information	n currently of re	cord with the RI D	epartment of State is accurate. (Changes require	filing Form 642	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm :	that i have exam	ined this report, including any	accompanying	schedules and	
Name of Authorized Person Date						
Arek Shehadeh				08/2	1/202/	
Signature of Authorized Person						
	<u> </u>	.				

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

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ORM 632 - Revised: 08/2020