

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

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.

2021 SEP 16	PM 2: 36	

1. Entity ID Number 000789915	2. Exact name of the Limited Liability Company						
	0.4000						
3. NAICS Code 531116	Brief description of the character of business conducted in Rhode Island						
5. State of Formation	Real Estate						
6. Principal Office Address OS GANS	tan st		Cranstan	State	Zip 990		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name DUSSAYN CLUSSO		Contact Title Vana sel					
street Agureus Crunstun St.			cin ranstm	State	Zip (2920)		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
			Manager Name				
Street Address -		Street Address					
ch	State ()	Zio -	City	State	Zìp		
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zıp	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 Date							
5 assam Chebso 9-16-21					· H		
Signature of Authorized Person							
DUNAIN CHORD							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov FILED

SEP 16 2021