



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 000550077

**2. Exact Name of the Limited Liability Company** APOLLO BROTHERS LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531120

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

DEVELOPING REAL ESTATE; TO BUY, MORTGAGE, LEASE, LET, EXCHANGE, BUILD, CONSTRUCT, REPAIR, DEVELOP, EQUIP, MAINTAIN, HOLD AND SELL BUILDINGS AND REAL ESTATE; TO ENTER INTO AND CARRY OUT CONTRACTS FOR ANY OR ALL OF THE  
AFORESAID PURPOSES; TO BORROW MONEY OR OTHERWISE INCUR INDEBTEDNESS  
OR  
LIABILITY FOR EFFECTING ANY OF THE AFORESAID PURPOSES; AND TO DO ALL THINGS OR ACTS NECESSARY OR PROPER, INCIDENTAL OR CONVENIENT TO THE CARRYING ON OR PURSUANCE TO THE FOREGOING OBJECT AND PURPOSES.

**5. Principal Office Address**

No. and Street: 34 WILLIAMS RD  
City or Town: FITCHBURG State: MA Zip: 01420 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 34 WILLIAMS ROAD  
City or Town: FITCHBURG State: MA Zip: 01420 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	ASHOK HINGORANY	34 WILLIAMS ROAD FITCHBURG, MA 01420 USA
MANAGER	ACHLA BAHL MADAN	34 WILLIAMS RD FITCHBURG, MA 01420 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PARASEARCH, INC., 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 22 Day of September, 2021 at 1:34:48 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ASHOK HINGORANY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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