State of Rhode Island

Department of State - Business Services Division

RI SOS Filing Number: 202102826290 Date: 10/6/2021 4:00:00 PM

Annual Report for the year: 2021 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.

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Entity ID Number	2. Exact name of the Limited Liability Company						
001611392							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531210	Real Estate						
5. State of Formation							
6. Principal Office Address			City	State	Zip		
9 Whipple St unit 7			Comberland	RI	02864		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Amana Hamon			Contact Title				
Street Address Suntew St			city Cincoln	State	zip 2862		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name, Hannon			Manager Name				
Street Address Same as above		Street Address					
City	State	Zıp	City	State	Zip		
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							
Hmanda Hanna 1/29/21							
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