RI SOS Filing Number: 202103029230 Date: 10/12/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: <u>202し</u> 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.

						
1. Entity ID Number	2. Exact name of the Limited Liability Company					
148219	MN DESIGN LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
54/330	ENGINEERING					
5. State of Formation	CNGINODEING					
RI.						
6. Principal Office Address			City	State	Zip	
41 BROOKSIDE DRIVE			CRANSTON	P.T.	02910	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person			
CONTACT NAME MANOCHENE NORPARVAR			Contact Title PRESIDENT			
Street Address 4/ BROO	OKSIPE	Drive	CIN CRANSTON	State	Zip 92910	
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	City	State	Zip	
Manager Name		<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. The Resident Agent informatio	n currently of red	cord with the RI D	epartment of State is accurate. C	hanges require fi	ling Form 642.	
Under penalty of perjury, I deci statements, and that all statem	are and affirm (ents contained	that I have exam herein are true	ined this report, including any and correct.	accompanying s	chedules and	
Name of Authorized Person			<u> </u>	Date	· · · · · · · · · · · · · · · · · · ·	
MANOCHEHR NORPARVAR at-12-2011						
Signature of Authorized Person						
Signature of Authorized Person Moschel Maprin						
		<i>-</i>				

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 0CT 12 2021 AA