State of Rhode Island
Department of State - Business Services Division

FILED
OCT 25 2021 P
BY

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
485235	**GEMILUTH CHASIDIM, LLC**		
3. NAICS Code 523930	4. Brief description of the character of business conducted in Rhode Island INVESTMENTS		
5 State of Formation RHODE ISLAND			
6 Principal Office Address PO BOX 9567	City PROVIDENCE	State RI	Zip 02940-9567
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JAY N. ROSENSTEIN	Contact Title		
Street Address PO BOX 9567	City PROVIDENCE	State RI	Zip 02940-9567
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	Manager Name		
Street Address	Street Address		
City / State / Zip	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 JAY N. ROSENSTEIN	Date 10/21/2021		
Signature of Authorized Person			

MAIL TO:
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