RI SOS Filing Number: 202105282570 Date: 11/22/2021 4:00:00 PM

nnual Report for the year:  imited 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.				WOV 2 2 2021 By 1037	
1001530		AKEYA Management, LLC			
3. NAICS Code 531390 5. State of Formation Rhode Island	Į.	scription of the c holding compa	haracter of business conducted in ny.	Rhode Island	
Principal Office Address	<u></u>		City	State	Zip
Foster Way				1 '	
Foster Way			East Greenwich	RI	02818
. Mailing Address of Limit		any and Name o	r Title of Contact Person	RI	02818
. Mailing Address of Limit		any and Name o		RI	02818
7. Mailing Address of Limit Contact Name Amir Aliade	h	any and Name o	r Title of Contact Person	State RI	02818 Zip 02818
. Mailing Address of Limit contact Name Amir Aliade treet Address 1 Foster Wa	h Iy		r Title of Contact Person  Contact Title Member	State RI	Zip 02818
Contact Name Amir Aliade Amir Address   1 Foster Wa	h Iy		Contact Title Member  City East Greenwich	State RI	Zip 02818
7. Mailing Address of Limit Contact Name Amir Aliade Stroet Address 1 Foster Wa 3. List <b>ALL</b> managers (name	h Iy		Contact Person  Contact Title Member  City East Greenwich  Liability Company, IF APPLICABL	State RI	Zip 02818
Contact Name Amir Aliade  Amir Aliade  Arroet Address   1 Foster Wa  Clist ALL managers (narderager Name  Street Address	h Iy		Contact Person  Contact Title Member  City East Greenwich  Liability Company, IF APPLICABL  Manager Name	State RI	Zip 02818
Contact Name Amir Aliade  Riccet Address   1 Foster Wa  B. List ALL managers (name  denager Name  Street Address	h iy mes and addresses	s) of the Limited	Contact Person  Contact Title Member  City East Greenwich  Liability Company, IF APPLICABL  Manager Name  Street Address	State RI E - DO NOT LIST I	Zip 02818 MEMBERS
7. Mailing Address of Limit Contact Name Amir Aliade Street Address 1 Foster Wa 8. List ALL managers (nar Menager Name Street Address City Manager Name Street Address	h iy mes and addresses	s) of the Limited	Contact Person  Contact Title Member  City East Greenwich  Liability Company, IF APPLICABL  Manager Name  Street Address  City	State RI E - DO NOT LIST I	Zip 02818 MEMBERS

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

## MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Autoprized Person

Amir Aliadeh

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

statements, and that all statements contained herein are true and correct.

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