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. 001699193

2. Exact Name of the Limited Liability Company Laude Transit LLC

3. State of Formation

State: RI

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.

531110

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

OWNS A RENTAL BUILDING

5. Principal Office Address

No. and Street: 4720 CENTER BLVD APT: 1804
City or Town: LONG ISLAND CITY State: NY Zip: 11109 Country: USA

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

Contact Name: LIANA MAOR Contact Title:
No. and Street: 9 MALCOLM CT
City or Town: TENAFLY State: NJ Zip: 07670 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	GAD REGENSBURGER	4720 CENTER BLVD APT: 1804 LONG ISLAND CITY, NY 11109 USA
MANAGER	LIANA MAOR	9 MALCOLM CT

		TENAFLY, NJ 07670 USA
MANAGER	YAAKOV LAHAV	200 RECTOR PLACE APT 38D NEW YORK, NY 10280 USA

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

MONTALBANO, BELLIVEAU & ST. SAUVEUR, LLP 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 23 Day of November, 2021 at 12:23:14 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 LIANA MAOR
Signature of Authorized Person

Form No. 632
Revised 09/07