RI SOS Filing Number: 202330358260 Date: 3/9/2023 1:58:00 PM



State of Rhode Island

Department of State - Business Services Division COETVED

R.I. DEPT. OF STATE

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Annual Report for the year: **Limited Liability Company**

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company A LLC		
3. NAICS Code 631310 5. State of Formation		Rental Prof		
6. Principal Office Address 91 Rol Fe	Square	City Granston	State	^{zip} 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name MANAL ISMAIL Contact Title Accountant				
Street Address 282 Cap	Juano Ave	city Cranton	State RT	^{Zip} 02920
8. 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 MANAL ISMAIL			Date 2-2-2023	
Signature of Authorized Person Manaly E				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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