State of Rhode Island	Fee: \$50.00
Office of the Secretary of State	
Division Of Business Services 148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Limited Liability Company Annual Report	
Filing Period: February 1 - May 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 - ENTER THE CURRENT FILING YEAR 2023 : 2023	
1. ID No. <u>001737768</u>	
2. Exact Name of the Limited Liability Company Polinka, LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
531110	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
RESIDENTIAL RENTAL	
5. Principal Office Address	
No. and Street: <u>977 SOCIAL ST</u>	
City or Town: <u>WOONSOCKET</u> State: <u>RI</u> Zip: <u>02895</u> Countr	y: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: KINGA AUGUSTE Contact Title:	
No. and Street:977 SOCIAL STCity or Town:WOONSOCKETState: RIZip: 02895Count	ry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
	•

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

Signed this 1 Day of May, 2023 at 8:56:36 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 <u>KINGA AUGUSTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved