



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number <u>001706433</u>		2. Exact name of the Limited Liability Company <u>Supermaga 7 TAXI LLC</u>	
3. NAICS Code <u>485310.</u>		4. Brief description of the character of business conducted in Rhode Island <u>TAXI</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>74 JOSEPH ST. APT 7</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>OLATINKA PAUL ONI</u>		Contact Title <u>Owner</u>	
Street Address <u>74 JOSEPH ST. APT 7</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 <u>OLATINKA PAUL ONI</u>			Date <u>07/27/23</u>
Signature of Authorized Person <u>[Signature]</u>			

FILED

JUL 27 2023
BY [Signature]
11:16.

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov