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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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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2024 JAN -3 A 9 53

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000542106	VIDADE LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53/210	REAL ESTATE			
5. State of Formation				
R.1				
6. Principal Office Address	l "'		State	Zip
47 GROTTO AVENUE		PANTUCKET	RI	07860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
VICTOR EKENAVIE		DWNER		
Street Address		City	State	Zip
47 GROTTO AVENUE		PAWTUCKET	RI	02860
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			Date ,	
VICTOR EKENAVIE			01/03/2024	
Signature of Authorized Person				
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MAIL TO:

Division of Business Services

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

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