

State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: 2025'
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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2024 JAN 29 P 12: 47

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
1696291	AKIM TNUES MENTS LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531390				
5. State of Formation				
Rhone ISLand	REAL STAT	E INVESTINE	3	
6. Principal Office Address		City	State	Zip
710 VALLEX ST		PROVIDENCE	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
AGUSTIN ALVAREZ		mamper		
Street Address		City	State	Zip
710 VALLEYST		PROVIDENCE	R.I	02908
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				1
Agusti ALVarez		01/29/24		
Signature of Authorized Person				

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JAN 29 2024 BY 08 965

MAIL TO:

Division of Business Services

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

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