



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024

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.

1. Entity ID Number 001757036		2. Exact name of the Limited Liability Company SIASHIV HEALTHCARE LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island LEASING NONRESIDENTIAL RENTAL PROPERTY	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 27 BROOKWAY RD		City PROVIDENCE	State RI
		Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name RUPAL H THAKOR		Contact Title MEMBER	
Street Address 27 BROOKWAY RD		City PROVIDENCE	State RI
		Zip 02906	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. <i>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.</i>			
Name of Authorized Person RUPAL H THAKOR		Date 02/07/2024	
Signature of Authorized Person 			

FILED

FEB 06 2024

BY ML X 5X3E

MAIL TO:

Division of Business Services

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