



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 09 2024

BY

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|---|--|---|-----------------|
| 1. Entity ID Number 000541714 | | 2. Exact name of the Limited Liability Company SVGP LLC | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate | |
| 5. State of Formation Rhode Island | | | |
| 6. Principal Office Address 1414 Atwood Avenue | | City Johnston | State RI |
| | | | Zip 02919 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Kelly Coates | | Contact Title Authorized Trustee | |
| Street Address 1414 Atwood Avenue | | City Johnston | State RI |
| | | | Zip 02919 |
| 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 Kelly Coates | | | Date 1/17/24 |
| Signature of Authorized Person <i>Kelly Coates Authorized Trustee</i> | | | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov