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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 24

-> 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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1. Entity ID Number	2. Exact name of the Limited Liability Company						
001744727	Delmar Exterprises LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
(48500,0	Transportation (Taxi Services)						
5. State of Formation	ransportation	(axi services/					
RI		<u> </u>					
6. Principal Office Address	4	City	State	Zip			
986 Knotty Dak Road		Coventry	RI	02816			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Ibrahim Raji		Søle ownership.					
Street Address		City	State	Zip			
Same	as asiva.						
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				
Ibrahim Raji			2-9-24				
Signature of Authorized Person							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB - 9 2024 BY GAY9M