RI SOS Filing Number: 202448195610 Date: 3/5/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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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| <u> </u> | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|---------------|--------|----------|--|--|
| 001665742 | SAKonnet | - Real estate | glorys | 140 | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 53 1190 | | | | | | |
| 5. State of Formation | | | | | | |
| R.Q | Rental | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 14 Reeves pl | | Courton | RD | 02920 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | Contact Title | | | | |
| Street Address | Syris | | | <u>-</u> | | |
| | V | City | State | Zip | | |
| 14 Reaves pl. | | Curiston | 0<-1 | 04920 | | |
| 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 1 | | |
| 1 4 s on L 70 25 | | | 3/5/24 | | | |
| Signature of Authorized Person | | | | | | |

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BY SVYT3

MAIL TO:

Division of Business Services

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

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