



**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 <u>001758456</u>		2. Exact name of the Limited Liability Company <u>GNIXD2 LLC</u>	
3. NAICS Code <u>485310</u>		4. Brief description of the character of business conducted in Rhode Island <u>TAXI SERVICE/TRANSPORTATION</u>	
5. State of Formation <u>RHODE ISLAND</u>			
6. Principal Office Address <u>30 AMORY ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>UCHE S EZE</u>		Contact Title <u>MANAGER</u>	
Street Address <u>30 AMORY ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>			
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 <u>UCHE S EZE</u>		Date	
Signature of Authorized Person 			

FILED

MAR 08 2024  
 BY SSFWN  
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**MAIL TO:**  
 Division of Business Services  
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