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## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 202.4

→ 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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Entity ID Number	2. Exact name of the Limited Liability Company				
001741941	834 Mendon LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1 531110	Real estate Rental				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
1 23/ W	linerva Aue.	Comberland	PT	C22811	
OSI MINERVA ADE,		compar and	K_L	00007	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
Monvel Correig		Ocener			
Street Address  231 Miner Va	Ave.	Comber land	State RT	2in 02864	
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	vel Correia		Date 3/	21/2024	
Signature of Authorized Person					

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MAR 22 2024 BY 6348B

MAIL TO:

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

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