

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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.

Entity ID Number	2. Exact name of the Limited Liability Company			
001741941	834 Mendon LLC			
3. NAICS Code	The state of the s			
53(110				
5. State of Formation	REGI E	Sigit reates		
RI				
6. Principal Office Address		City	State	Zip
1 $23/h$	linerva Aue.	Comperfand	PT	C22811
			N_L	00007
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Monrel Correia		OCWNER		
Street Address	······································	City	State	Zıp
231 Minerva	Ave,	Combair land	IRI	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			Date //	
Manuel Correia			3/21/2024	
Signature of Authorized Person				
Ass to				
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BY 6348B

MAIL TO:

Division of Business Services

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

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