

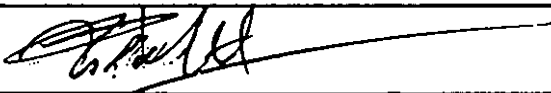


State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
APR 25 2024  
BY 1025 OS

|  |  |  |                    |
|--|--|--|--------------------|
| 1. Entity ID Number<br><b>001733175</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Shiv Princeton, LLC</b>   |                    |
| 3. NAICS Code<br><b>531190</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate ownership and management</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>   |  |  |                    |
| 6. Principal Office Address<br><b>202 Thames Street</b>  |  | City<br><b>Newport</b>   | State<br><b>RI</b> |
| Zip<br><b>02840</b>  |  |  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                    |
| Contact Name<br><b>Jayesh D. Patel</b>   |  | Contact Title<br><b>Manager</b>  |                    |
| Street Address<br><b>202 Thames Street</b>   |  | City<br><b>Newport</b>   | State<br><b>RI</b> |
| Zip<br><b>02840</b>  |  |  |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                    |
| 9. <i>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.</i> |  |  |                    |
| Name of Authorized Person<br><b>Jayesh D. Patel</b>  |  | Date<br><b>3/19/24</b>   |                    |
| Signature of Authorized Person<br>   |  |  |                    |

**MAIL TO:**  
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