

State of Rhode Island Department of State - Business Services Division

2024

Limited Liability Company

Annual Report for the year:

-> Filing period: February 1 - May 1

→ Flling Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

· ·	REC'T RIDOS BSD 24 APR 30 РИЗ: 10:2	
	<u></u>	

1. Entity ID Number	2. Exect name of the Limited	Linklin Company				
	<u> </u>					
000/0670/	SCR	SINGH LIC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 390						
5. State of Formation	₹ REA	L ESTATE		•		
RI			•			
6. Principal Office Address	. *	City	State	Zip		
585 ELMG1	POVE AVE	CHY PROVIDENCE	RI	02906		
7. Mailing Address of Limited L	lability Company and Name or 1	fille of Contact Person				
Contect Name AMAR J	. SINGH	Contact Title MANA G	NG ME,	MBER		
Street Address ELM 6	ROVE AVE	CHY PROVIDENCE	State RI	D2996		
8. The Resident Agent Informat	ion currently of record with the I	RI Department of State is accurate	. Changes require f	iling Form 642.		
9. Under penalty of perjury, I statements, and that all state		examined this report, including we and correct.	any accompanyin	g schedules and		
Name of Authorized Person AMAR D. SINGH				Date 04/30/24		
Signature of Authorized Person	h	-				

FILED

APR 3 0 2024 BYML VH4Q

MAIL TO:

Division of Business Services

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

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