

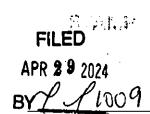
State of Rhode Island Department of State - Business Services Division

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.



| Entity ID Number | 2. Exact name of the Lin | 2. Exact name of the Limited Liability Company | | | |
|---------------------------------|---|---|-----------------------|---------------------------------|--|
| 1761775 | RIVERSIDE EN | RIVERSIDE ENTERPRISES LLC. | | | |
| 3. NAICS Code | | Bnef description of the character of business conducted in Rhode Island | | | |
| 531390 | Buy, sell, manage | Buy, sell, manage and hold real estate | | | |
| 5. State of Formation | | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 100 Crest Drive | | Cranston | RI | 02921 | |
| 7. Mailing Address of Limite | d Liability Company and Name | or Title of Contact Person | | • | |
| Contact Name Mohamad Jamaleddin | | Contact Title Member | | | |
| Street Address 100 Crest Drive | | Cranston Cranston | State RI | ^{Z_{ip}} 02921 | |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is acci | urate. Changes requir | e filing Form 642. | |
| | y, I declare and affirm that I h atements contained herein a | eave examined this report, incluive true and correct. | ding any accompany | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| MOHAMAD JAMALED | DIN | | 04/22/2024 | | |
| Signature of Authorized Per | son | | • | | |
| New | | | | | |

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

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