RI SOS Filing Number: 202454061880 Date: 5/2/2024 4:00:00 PM

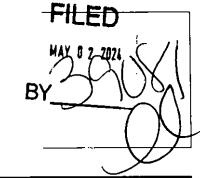
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State of Rhode Island

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.



1. Entity ID Number 301659841	Exact name of the Limited Liability Company SVNTatarian, LLC			
3. NAICS Code 53110	Brief description of the character of business conducted in Rhode Island Commercial building rental			
5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
8797 Pohick Creek View		Springfield	VA VA	22153
7. Mailing Address of Limite	ed Liability Company and Name		<u> </u>	
Contact Name Raffi Tartarian		Contact Title Member		
Street Address 8797 Pohick Creek View		City Springfield	State VA	Z ₁ p 22153
8. The Resident Agent info	mation currently of record with t	he RI Department of State is acc	urate. Changes requir	e filing Form 642.
	I declare and affirm that I have tatements contained herein ar	e examined this report, including true and correct.	ng any accompanyin	g schedules and
Name of Authorized Person	n	<u> </u>	Date	. / . /
Raffi Tartarian	<u>Fartarian</u>		1 4/4/24	
Signature of Authorized Pe	orson A			/ · · · · · · · · · · · · · · · · · · ·

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

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