



State of Rhode Island

Department of State - Business Services Division

FILED
 MAY 02 2024
 BY *39081*
[Signature]

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 001659841		2. Exact name of the Limited Liability Company SVNTatarian, LLC	
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island Commercial building rental	
5. State of Formation Rhode Island			
6. Principal Office Address 8797 Pohick Creek View		City Springfield	State VA Zip 22153
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Raffi Tartarian		Contact Title Member	
Street Address 8797 Pohick Creek View		City Springfield	State VA Zip 22153
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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 Raffi Tartarian		Date 4/4/24	
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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