



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.

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1. Entity ID Number 1743319		2. Exact name of the Limited Liability Company Myira LLC	
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDINGS AND OTHER LAWFUL PURPOSES	
5. State of Formation Rhode Island			
6. Principal Office Address 15 Lakeside Dr.		City Johnston	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Kevin F. Smith		Contact Title Manager	
Street Address 15 Lakeside Dr.		City Johnston	State RI
		Zip 02919	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. 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.			
Name of Authorized Person Kevin F. Smith			Date
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov