



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 MAY 13 PM 2:45:07

1. Entity ID Number <b>001740364</b>		2. Exact name of the Corporation <b>Rila Development Inc</b>			
3. Principal Office Address <b>19 Fairview Ave</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>236116</b>	6. Brief description of the character of business conducted in Rhode Island <b>Aquisition, development, remodeling and operation of multifamily &amp; commercial properties.</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Angel Karagyoov</b>			Vice-President Name <b>None</b>		
Street Address <b>27 Sargent Ave</b>			Street Address <b>None</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1</b>		<b>CNP</b>	<b>0</b>
		<b>None</b>		<b>None</b>	<b>None</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>Angel Karagyoov</b>				Date <b>5/9/2024</b>	
Signature of Authorized Representative <b>Angel Karagyoov</b>				Digitally signed by Angel Karagyoov Date: 2024 05 09 15 46 30-04'00' <b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAY 13 2024  
BY **JHL96**  
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FORM 630 Revised: 04/2023