



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
21 MAY 13 PM 2:45:07

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

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

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