RI SOS Filing Number: 202454578180 Date: 5/14/2024 4:00:00 PM



### State of Rhode Island

## **Department of State - Business Services Division**

# RECODED SERVICE SERVIC

# 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<br>001750150               | 2. Exact name of the Limited Liability Company Nivas, LLC   |  |                      |                      |
|--|---|--|----------------------|----------------------|
| 3. NAICS Code<br>531390                        | Brief description of the character of business conducted in Rhode Island     own, purchase and sell real estate |  |                      |                      |
| 5. State of Formation RI                       |   |  |                      |                      |
| 6. Principal Office Address 53 Hillside Avenue |   | City<br>Providence                                       | State<br>RI          | Zip<br><b>02906</b>  |
| 7. Mailing Address of Limite                   | ed Liability Company and Nam  | e or Title of Contact Person                             | <u> </u>             | <u> </u>             |
| Contact Name Camille Williams                  |   | Contact Title Manager                                    |                      |                      |
| Street Address 53 Hillside Avenue              |   | City<br>Providence                                       | State<br>RI          | Zip<br><b>02906</b>  |
| 8. The Resident Agent infor                    | mation currently of record with   | the RI Department of State is ac                         | curate. Changes requ | ire filing Form 642. |
|  | I declare and affirm that I ha<br>tatements contained herein t  | ve examined this report, includ<br>are true and correct. | ing any accompanyi   | ing schedules and    |
| Name of Authorized Person Camille Williams     |   |  | Date 5/9/24          |                      |
| Signature of Authorized Per                    | William ,   | Nanaece  |                      |                      |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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