



**State of Rhode Island  
Department of State - Business Services Division**

REC'D RHODE ISLAND  
 DEPARTMENT OF STATE  
 MAY 16 2024 12:44:21  
**AMP**  
FOR THE STATE OF RHODE ISLAND ONLY

**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 <b>001718503</b>	2. Exact name of the Limited Liability Company <b>KANUBHAI C TRIVEDI &amp; ASSOCIATES, LLC.</b>		
3. NAICS Code <b>541213</b>	4. Brief description of the character of business conducted in Rhode Island <b>INTERNATIONAL TAX CONSULTING AND LEGAL SERVICES</b>		
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>87 SANDY BOTTOM ROAD</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>D. LYNES, LLC.</b>		Contact Title	
Street Address <b>87 SANDY BOTTOM ROAD</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 <b>DEBORAH TRIVEDI</b>		Date <b>04/30/2024</b>	
Signature of Authorized Person 			

**FILED**  
**MAY 16 2024**  
 BY 0481 AA.

**MAIL TO:**  
 Division of Business Services  
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