Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.1.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001711957 2. Exact Name of the Limited Liability Company Golden Merchant LLC 3 State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531330 Article ESTATE AND ALL LAWFUL BUSINESS: 5. Principal Office Address No. and Street: 125 GOFF AVE WITT 2101 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: <th></th> <th></th>		
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Pring Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relasing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001711957 2. Exact Name of the Limited Liability Company Golden Merchant LLC State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531390 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE AND ALL LAWFUL BUSINESS. 5. Principal Office Address No. and Street: 125 GOFF AVE WITT 2101 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
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	City or Town:	
	6. Mailing Addres	ss of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Litle:	Contact Name: (Contact Title:
No. and Street: <u>125 GOFF AVENUE</u>		
UNIT 2101		
City or Town: <u>PAWTUCKET</u> State: <u>RI</u> Zip: <u>02860</u> Country: <u>USA</u>	City or Town:	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EVERETT A. PETRONIO, JR., ESQ. 931 JEFFERSON BOULEVARD, SUITE 2004 WARWICK , RI 02886

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of May, 2024 at 5:25:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EVERETT A. PETRONIO, JR., ESQ.

Signature of Authorized Person

Form No. 632 Revised 09/07

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