

State of Rhode Island Department of State - Business Services Division

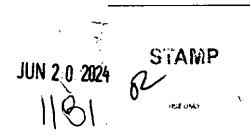
Annual Report for the year: Limited Liability Company

2024

→ 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	2 Exact name of the Limited Liability Company			
1732438	SHANKAR VEER LLC			
3. NAICS Code 531311	4. Brief description of the character of business conducted in Rhode Island Holding, development, operating and managing real estate			
5. State of Formation			, <u> </u>	
Rhode Island		·		
6. Principal Office Address	<u></u>	City	State	Zip
1601 Hartford Avenue	•	Johnston	RI	02919
7. Mailing Address of Limited	Liability Company and Name o	r Title of Contact Person		
Contact Name Ravi Patel		Contact Title		
Street Address 1601 Harford Avenue		City Johnston	State RI	^{Zip} 02919
8. The Resident Agent inform	ation currently of record with the	e RI Department of State is accu	rrate. Changes requir	e filing Form 642.
	I declare and affirm that I have tements contained herein are	ve examined this report, include true and correct.	ding any accompany	ring schedules and
Name of Authorized Person			Date /	
Ravi Patel			5//	'0/2024
Signature of Authorized Person	on water			

MAIL TO:

Division of Business Services

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