

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2024 JUL - 1 AM 11: 23

→ 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				
001765505	VIYAN LLC	VIYAN LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
457110	Convenience Store/Ga	Convenience Store/Gas station			
5. State of Formation					
RI -					
6. Principal Office Address		City	State	Zip	
74 Friendship St		Westerly	RI	02891	
7. Mailing Address of Limite	ed Liability Company and Name or Tit	le of Contact Person			
Contact Name Pankajkumar Patel		Contact Title President			
Street Address 14 Robert St Apt B		City Attleboro	State MA	^{Zip} 02703	
8. The Resident Agent info	rmation currently of record with the RI	Department of State is accu	urate. Changes require	filing Form 642.	
	ry, I declare and affirm that I have e tatements contained herein are tru		ding any accompany	ing schedules and	
Name of Authorized Person			Date		
Pankajkumar Patel			06	01 2024	
Signature of Authorized Pe	rson		•		
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FILED

MAIL TO:

Division of Business Services

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FORM 632 - Revised: 12/2023