

State of Rhode Island Department of State - Business Services Division

<u>2024</u>

Annual Report for the year: 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.

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| REC'D RIDOS BSD 4 JUL 2 FM3:26:08 | |

| 1. Entity ID Number | 2. Exact name of the Limited Lia | 2. Exact name of the Limited Liability Company | | | | |
|--------------------------------|---|--|-------------------|----------------------|--|--|
| 001731410 | THE SIDIBE PROPE | THE SIDIBE PROPERTIES LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531311 | Residential Property Ma | Residential Property Management | | | | |
| 5. State of Formation | | _ | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 14 Rockwell St | | North Providence | RI | 02904 | | |
| 7. Mailing Address of Limit | ed Liability Company and Name or Title | of Contact Person | | | | |
| Contact Name Mouhamadou Sidibe | | Contact Title Owner | | | | |
| Street Address 24 Grayson Lane | | City Manalapan | State NJ | ^{Zip} 07726 | | |
| 8. The Resident Agent info | rmation currently of record with the RI D | epartment of State is accurate | . Changes require | e filing Form 642. | | |
| | ry, I declare and affirm that I have exa tatements contained herein are true | | any accompany | ring schedules and | | |
| Name of Authorized Person | | Date | | | | |
| Mouhamadou Sidibe | | 07/02/2024 | | | | |

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MAIL TO:

Division of Business Services

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

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