

State of Rhode Island

Department of State - Business Services Division

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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1 Entity ID Number	2. Exact name of the Limited Liability Company				
001660072	Adam & Aaron LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531190	Real estate				
5. State of Formation	1 '`				
RI					
6. Principal Office Address		City	State	Zip	
15 fraces Ahr	Johnston		RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
Mchemood Quresh					
Street Address	-	city Johnston	State 1	Zip	
15 Francis Atic		UDANSON	K I	02919	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9 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.					
Name of Authorized Person Date					
Minimod Durghi			8/8/24		
Signature of Authorized Person					
1/hldin					

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MAIL TO:

Division of Business Services

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