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State of Rhode Island

Department of State - Business Services Division

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2024 AUG 30 AH 10: 54

2024 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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| 14. | | |

| 1. Entity ID Number | 2. Exact name of the Limit | 2. Exact name of the Limited Liability Company | | | |
|------------------------------|---|--|----------------------|----------------------|--|
| 00792093 | 47 PELHAM, LLO | 47 PELHAM, LLC | | | |
| 3. NAICS Code | 4. Brief description of the d | Brief description of the character of business conducted in Rhode Island | | | |
| 531390 | ROOM RENTALS | ROOM RENTALS | | | |
| 5 State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | — J. | City | State | Zip | |
| 47 PELHAM ST. | | NEWPORT | RI | 02840 | |
| 7. Mailing Address of Limite | d Liability Company and Name o | r Title of Contact Person | | | |
| Contact Name | | Contact Title | | | |
| ROBERT KALAIDJIAN | | MEMBER | | | |
| Street Address 47 PELHAM ST. | | City NEWPORT | State RI | ^{Zip} 02840 | |
| 8. The Resident Agent infor | mation currently of record with th | e RI Department of State is accura | ate. Changes require | e filing Form 642. | |
| | y, I declare and affirm that I ha tatements contained herein are | ve examined this report, includi true and correct. | ng any accompany | ing schedules and | |
| Name of Authorized Person | | | Date | > 216 | |
| ROBERT KALAID) | AN | | 1'/-25 | 7-24 | |
| Signature of Artherized Per | son | | * * | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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