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State of Rhode Island

Department of State - Business Services Division

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2021 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 Limite	2. Exact name of the Limited Liability Company				
00792093	47 PELHAM, LLC	47 PELHAM, LLC				
3 NAICS Code	4. Brief description of the ch	Brief description of the character of business conducted in Rhode Island				
531390	ROOM RENTALS					
5 State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
47 PELHAM ST.		NEWPORT	RI	02840		
7 Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person				
Contact Name		Contact Title				
ROBERT I	KALAIDJIAN	MEMBER				
Street Address 47 PELHAM ST.		City NEWPORT	State RI	^{Zıp} 02840		
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						
ROBERT KALAIDJIAN		(-)	5-24			
Signature of Authorized 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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