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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
00792093	47 PELHAM, LLC			
3. NAICS Code	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 Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
ROBERT KALAIDJIAN		MEMBER		
Street Address 47 PELHAM ST.		NEWPORT	State RI	^{Zip} 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			7-25-	24

FILED

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MAIL TO:

Signature of Aut

Division of Business Services

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

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