

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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					
001671547	AMERIGIOBE VI	ENTURES LLC		·		
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de Island			
141213	TAX PLANNING,	REAL ESTATE, +	TNANUA	L BANNINS		
5. State of Formation	IMPORTIEXPORTS, INTENIAMONIAL PROGUREMENT &					
\mathcal{L}_{1}	TECHNICIPL SEIZVALL	J. CLEAHIMG SE	RYILD			
6. Principal Office Address		City	State	Zip		
389 Prospeci STr	WEET FL#3	PAW MCICES	R/	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
DANIEL CHEN	SANIEL CHENE SIAN CENTROUNDER CEO					
Street Address 387 PINSPITE ST	net, 1243, 9	CHY PAWACKES	State /	02860		
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	1		Date			
DAHIEL OHE	NE DIAN		10/11/24			
Signature of Authorized Person						
Sommer en In						
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MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 12/2023