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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 20. Limited Liability Company

2025

-> 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					
001774857	S3B BABA LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531190	Poutal occasion					
5. State of Formation	Kental property					
R1						
6. Principal Office Address		City	State	Zip		
101 DYERSM	REET SECONDFLOOR PROVIDENCE R1 02			02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
ANDRAW DAVIS		Contact Title Registered Agent				
Street Address 101 DYER STRE	RT SELOND FLOW	PROVIDENCE	State (2.)	zip 62903		
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	Muller SHACHANK MALLICK Dec 18, 20		,2024			
Signature of Authorized Person Multiple Signature of Authorized Person						

FILED

DEC 1 8 2024 BY_OGNOFS

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