

State of Rhode Island

Department of State - Business Services Division

2025

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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Entity ID Number	2. Exact name of the Limited Liability Company					
0000 89063	J.V.R. Recelty & ZC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
530000	Rental					
5. State of Formation	1 REMAR					
RJ	T					
6. Principal Office Address		City	State	Zip		
19 Palm Beach Ave		Nadragent	R.I	02882		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Winod K.	millani					
Street Address C		City	State	Zip (300)		
9 Palm Beal	MAVE	City Nasyagen Sett	V.T.	02302		
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 Wind Kmillen 2/3/25						
Signature of Authorized Person						
	#					

FILED 10:53

FEB 0 3 2025

MAIL TO:

Division of Business Services

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

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

