RI SOS Filing Number: 202564071920 Date: 2/3/2025 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

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STAMF

FOR SECRETARY OF STA

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 Lia	ibility Company		
00/722430	J. V. ProPer. Ay margants 25c			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	0.4.1			
5. State of Formation	Rental			
R.I	V			
6. Principal Office Address	4	City	State	Zip
19 Palm Beam Ave		Nessagent	KI	02882
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Wined K millaui		Contact Title		
Street Address 19 Pulm Beau Ave		city Massafenst	State R-T	Zip 028F2
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 Vinad & Mifflum  Date 2/3/25				
Signature of Authorized Person				
- June				

FILED 1058

FEB 0 3 2025

MAIL TO:

**Division of Business Services** 

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

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