

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
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				
000164994	DEVDEVIO, LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
722515	GAS STATION AND	GAS STATION AND CONVENIENCE STORE			
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
306 BROADWAY		PROVIDENCE	RI	02903	
7 Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		1	
Contact Name VIRALKUMAR PATEL		Contact Title  Manager			
Street Address 409 Bluff Trace		City Jacksboro	State TN	<sup>Zip</sup> 37757	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accura	ate. Changes require	tiling Form 642.	
	y, I declare and affirm that I have tatements contained herein are		ng any accompany	ing schedules and	
Name of Authorized Person			Date		
VIRALKUMAR PATEL			Feb 18, 2025		
Signature of Authorized Per	rson		·		
Viralliumar Patel (Feb 18, 2025 13 27 EST)			,		

FILED 11:55

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BY GSTN7

MAIL TO:

**Division of Business Services** 

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

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