

REC'D RI SOS BSD
25 MAR 7 10:03:41State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
Corporation

- 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 <u>001736768</u> | | 2. Exact name of the Corporation <u>Longvin Realty Inc.</u> | |
| 3. Principal Office Address <u>1076 Park Ave</u> | | City <u>Cranston</u> | State <u>R.I.</u> |
| | | Zip <u>02910</u> | |
| 4. NAICS Code <u>531 210</u> | 6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Broker</u> | | |
| 5. State of Incorporation | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>ZHIYU DIN</u> | | Vice-President Name | |
| Street Address <u>1076 Park Ave</u> | | Street Address | |
| City <u>Cranston</u> | State <u>R.I.</u> | Zip <u>02910</u> | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES | |
| Changes require an additional filing. | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | |
| 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. FILED | | | |
| Name of Authorized Representative <u>ZHIYU DIN</u> | | Date <u>3/5/25</u> | |
| Signature of Authorized Representative <u>[Signature]</u> | | MAR 07 2025 <u>EGN718</u> | |

MAIL TO:
 Division of Business Services
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