State of Rhode Island
Dopartment of State - Business Services Division

Annual Report for the year:
Limited Liability Company

Filling period: February 1 - May 1

Filling Fee: \$50.00

1. Entity ID Number 2. Exact name of the Limited Liability Company 001689304 DICKENS, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 531110 REAL ESTATE INVESTING. 5. State of Formation RI 6. Principal Office Address City State Ζφ **5 MERCHANT STREET** SHARON MA 02067 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title **IBRAHIM T. ALGUR MEMBER** Stree: Address 5 MERCHANT STREET State MA ^{City} SHARON ^{Ζφ} 022067 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 **IBRAHIM ALGUR** 3.6.225 Signature of Authorized Person

FILED

MAR 0 6 202

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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