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

2023

Annual Report for the year:	
Limited Liability Company	

→ Filling 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 001689304	2. Exact name of the Limited Liability Company DICKENS, LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTING.				
5. State of Formation RI					
6. Principal Office Address 5 MERCHANT STREE	Т	City SHARON	State MA	Zip 02067	
7. Mailing Address of Limited L	iability Company and Name i	or Title of Contact Person			
Contact Name IBRAHIM T. ALGUR		Contact Title MEMBER			
Street Address 5 MERCHANT STREET		City SHARON	State MA	Z _P 022067	
8. The Resident Agent informa	tion currently of record with th	he RI Department of State is accu	rate. Changes require	filing Form 642.	
9. Under penalty of perjury, i statements, and that all state		eve examined this report, include true and correct.	fing any accompany	ing schedules and	
Name of Authorized Person IBRAHIM ALGUR		3.6	3.6.225		
Signature of Authorized Perso	i Ah	<u> </u>		<u>.</u>	

FILED

MAIL TO:

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

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