

## State of Rhode Island Department of State

## Department of State - Business Services Division

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.

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STAMP	
O CHESTON STATE	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001424800	SVA Notary & Coan Olosing Services, UC.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561410	notary, Loan closing					
5. State of Formation	Immigration Service					
RI	Trouslation					
6. Principal Office Address		City	State	Zip		
6 Brookdal	e Rb	N. Vrouidence	BI	02904		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Coptact Name		Contact Title				
florivida )	1. Hlmonord	Owner				
Street Address	<u> </u>	Chy Providence	State	Zip		
6 Brookdonle	RO .	M. Providence	A-7	02904		
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		)	Date			
From 1 1 1 monors 3/31/20				<u> 2806/16</u>		
Signature of Authorized Person						

FILED

MAR 3 1 2025

MAIL TO:

Division of Business Services

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

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