RI SOS Filing Number: 202568627970 Date: 3/31/2025 4:00:00 PM



## State of Rhode Island 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.

RECORIDGS BSD PRG:55:27	
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1. Entity ID Number 000869960	2. Exact name of the Limited Liability Company  Clobal Student Exchange LLC				
3. NAICS Code 611710	4. Brief description of the character of business conducted in Rhode Island  Thereational Student Recruitment				
5. State of Formation	and De seuv	ollment.			
6. Principal Office Address 8 Tau lee	Dr	City Smithfield	State I	Zip CH896	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lahan Sizragare Contact Title Founder & CEO					
Street Address 8 Tow 1	ee Dr I	Cm 1 Smithfield	State	<b>Zip</b> 60.896	
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	n'zrongane		Date March	31,2025	
Signature of Authorized Person					

MAIL TO:

**Division of Business Services** 

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

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

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FORM 632 - Revised: 12/2023