

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 **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.

1. Entity ID Number	2. Exact name of the Limited Lial	bility Company		
000838734	ADAL, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531120	REAL STATE HOLDINGS			
5. State of Formation	1			
RI				
6. Principal Office Address	_	City	State	Zip
295 CONNELL	HWY	NEWPORT	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
BERHANE ADAL		OWNER		
Street Address 295 CONNELL HWY		NEWPORT .	State RI	^{Zip} 02840
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 4 17 2025	
BERHANE		411.	2025	
Signature of Authorized Person				

FILED

MAIL TO:

Division of Business Services

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

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