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State of Rhode Island Department of State - Business Services Division

<u> 2025</u>

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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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
000267152	SABA, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	TO HOLD REAL ESTATE					
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
326 STRAWBE	RYFIELD Rd	WARWICK	RI	02886		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name \$155+11 ### KIRIAKI		AKI COUNTAN.T				
Street Address 372 CENTR	AL AYE	City PAWTUCKET	State	2ip 0286		
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 BASSA M KIRIAKI			Date 5 /8/ 25			
Signature of Authorized Person						
		, <u>-</u>				

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MAY 0 8 2025

BY 2H A DD

MAIL TO:

Division of Business Services

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

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