



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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 001728613 | | 2. Exact name of the Limited Liability Company CNLVII TOJOHRI LLC | |
| 3. NAICS Code 513390 | | 4. Brief description of the character of business conducted in Rhode Island Conducting Real Estate Business | |
| 5. State of Formation Rhode Island | | | |
| 6. Principal Office Address 195 North Street, Suite 100 | | City Teterboro | State NJ |
| Zip 07608 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Aakash Rana | | Contact Title Manager | |
| Street Address 195 North Street, Suite 100 | | City Teterboro | State NJ |
| Zip 07608 | | | |
| 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 Aakash Rana | | Date 4/11/2025 | |
| 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

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