

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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 Liability Company					
001698198	Aderican Sions USA 24C					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541410	<u> </u>					
5. State of Formation						
RI	Bussmess Scon	· S				
6. PrincipalOffice Address	U	City	State	Zip		
295 Kenyon Aus	•	Rawfrecket	RI	02908.		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Title Contact Title						
Loila Winda Hoministretor						
Street Address)	City	State	Zip		
18 Salin St		Warwick	KT	03880.		
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 Faela F. Menda			P/30/2025			
Signature of Authorized Person						

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MAIL TO:

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