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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2021
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	ibility Company				
00/3/3325	Dyer f	tyenue Kealt	4 LL1			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	Reaj J	Estate				
KZ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>			
6. Principal Office Address		City	State	Zip _		
397 DY8.	7 Aye	Cranston	RZ	02920		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Shaban	haban ASGHAR		Member			
Street Address	1	City	State	Zip C		
269 Valley s	†	Movidence	KZ	02905		
8. The Resident Agent information currently of record with the Rt 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	-21 .	^	Date	1		
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	> 19091	エアのエダイ		125		
Signature of Authorized Person	> MADGIT	L+> Co HAIR		125		

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MAIL TO:

Division of Business Services

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

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