

## State of Rhode Island **Department of State - Business Services Division**

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 Liability Company						
00/3/3325	DYRT Avenue Kealty LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
5. State of Formation	Real I	Estate					
6. Principal Office Address	<u> </u>	City	State	Zip			
397 Dye	r Ane	Cranston	RZ	02920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Contact Title							
Shaban ASGHAR		Wemper					
Street Address 269 Valley St		ciny Providence	State	0290B			
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	Shaban	ASGHAR	Date &	125			
Signature of Authorized Person							

FILED 020 AUG 1 8 2025 BY <u>NS 26A</u>

MAIL TO:

**Division of Business Services** 

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