

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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BSD 12.1.1	

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001671325	memuna IIc				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
721110	hotel / short term rental				
5. State of Formation					
RI	:				
6. Principal Office Address		City	State	Zip	
101 nooseneck hill rd	l	west greenwich	ri	02817	
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person			
Contact Name mohamed ganchi		Contact Title IIc member			
Street Address 101 nooseneck hill rd		city west greenwihc	State ri	^{Zip} 02817	
8. The Resident Agent informa	ition currently of record with the	RI Department of State is accurate	. Changes requi	re filing Form 642.	
	l declare and affirm that I have ements contained herein are t	examined this report, including rue and correct.	any accompan	ying schedules and	
Name of Authorized Person			Date		
			9/26/2025		

SEP 2 9 2025,
BY XIPPC

MAIL TO:

Division of Business Services

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