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

Annual Report for the year:

→ 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 001671325	2. Exact name of the Limited Liability Company memuna IIc				
3. NAICS Code 721110	Brief description of the character of business conducted in Rhode Island     hotel / short term rental				
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
101 nooseneck hill rd		west greenwich	ri	02817	
7. Mailing Address of Limited Lia	ability Company and Name or T	itle of Contact Person			
Contact Name mohamed gai	nchi	Contact Title Ilc member			
Street Address 101 nooseneck hill rd		City west greenwihc	State .	<sup>Zip</sup> 02817	
8. The Resident Agent informati	on currently of record with the I	RI Department of State is accurate.	. Changes requir	e filing Form 642.	
9. Under penalty of perjury, I o statements, and that all states		examined this report, including ue and correct.	any accompan	ying schedules and	
Name of Authorized Person			Date		
mohamed ganchi			9/26/2025		
Signature of Authorized Person					

SEP 29 2025 47 BY XIPC

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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