

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				
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001671325	memuna Ilc				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
721110	hotel / short term rental				
5. State of Formation	1				
RI	i				
6. Principal Office Address	;	City	State	Zip	
101 nooseneck hill rd	i	west greenwich	ri	02817	
7. Mailing Address of Limited Liability 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 .	^{Zip} 02817	
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			Date		
mohamed ganchi			9/26/2025		
Signature of Authorized Person					
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MAIL TO:

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