RI SOS Filing Number: 200700777260 Date: 09/19/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
153223	M & Q LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Convenice Store

5. Principal office address	City	State	Zip
SAM'S Food Store	Providence	R-I	02909

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
SAM'S Food Store	

Street Address	City	State	Zip
983 MANTON AVE	PROVIDENCE	R.I	02909

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
M.S MANPREET SINGH	~~MAHMOOD QAISAR~~
Street Address: ~~39 Romoli Ave~~	Street Address
City: Attleboro; State: ~~M.A~~; Zip: 02703	City; State; Zip
Manager Name: M. S	Manager Name
Street Address	Street Address
City; State; Zip	City; State; Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
MAHMOOD QAISAR	

Address	City	Zip
983 MANTON AVENUE	PROVIDENCE	02909-

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
SEP 19 2007
By 037241
2:21

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.

Manpreet Sing 9-18-07
Signature of Authorized Person *Date*

MANPREET SINGH
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

13800-4-179523

Form 632 Rev. 07/07