



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 2009

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. 121839		2. Exact name of the limited liability company MAHMUD, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE			
5. Principal office address 28 - 30 HARTFORD AVENUE		City PROVIDENCE	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TARIQ MAHMUD			Contact Title		
Street Address 28 - 30 HARTFORD AVENUE		City PROVIDENCE	State RI	Zip 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 TARIQ MAHMUD			Manager Name		
Street Address 28 - 30 HARTFORD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Manager Name			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 DAVID DIPALMA, ESQ.			Address		
Address 138 WARREN AVENUE			City EAST PROVIDENCE		Zip 02914

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

121839

FILED

SEP 22 2009

gm
29-99394

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.

Signature of Authorized Person *Tariq Mahmud* Date *9/15/09*

TARIQ MAHMUD

Print or Type Name of Authorized Person

File Date

Check No.

By:

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