

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 7012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No.   | 2. Exact name of the limited liability company |                        |                                  |          |                |  |
|--|--|------------------------|----------------------------------|----------|----------------|--|
| 155147   | BILAL LLC                                      |                        |                                  |          |                |  |
| 3. State of Formation  | 4. Brief description                           | of the character of bu | siness conducted in Rhode Island |          |                |  |
| Connecticut  | 1000   | retail                 | (                                |          |                |  |
| 5. Principal office address  | Narragas                                       | H, RI 028 6            | City Narragansett                | State Ri | Zip 02882      |  |
| 6, MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:   |  |                        |                                  |          |                |  |
| Contact Name Saber Ahmadi  |  |                        | Contact Title President          |          |                |  |
| Street Address SAME  | AS AB  | o√E                    | City                             | State    | Zip            |  |
| 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u><br>("X" BOX FOR ATTACHMENT) |  |                        |                                  |          |                |  |
| Manager Name   |  |                        | Manager Name                     |          |                |  |
| Street Address   |  |                        | Street Address                   |          |                |  |
| City   | State  | Zip                    | City                             | State    | Zip            |  |
| Manager Name   |  |                        | Manager Name                     |          |                |  |
| Street Address   |  |                        | Street Address                   |          |                |  |
| City   | State  | Zip                    | City                             | State    | Zip 2012       |  |
| B. RESIDENT AGENT IN RHODE ISLAND  |  |                        |                                  |          |                |  |
| This information is currently of   | record in the Offic                            | ce of the Secretary of | State. Changes require filing F  | orm 642. | C .            |  |
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Form No. 632 Revised: 01/2012 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 Date

Signature of Authorized Person

By Saber Ahmadi

Print or Type Name of Authorized Person