



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 2014

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. <u>000503404</u>		2. Exact name of the limited liability company <u>1023 Social Street LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Gas station, conv. & Dealing.</u>	
5. Principal office address <u>1023 Social Street</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>NIKHIL MAKHITA</u>		Contact Title <u>MANAGER</u>	
Street Address <u>1015 Social Street</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name <u>NIKHIL MAKHITA</u>		Manager Name	
Street Address <u>1015 Social Street</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	City	State
Zip <u>02895</u>		Zip	
Manager Name <u>SAHIL MAKHITA</u>		Manager Name	
Street Address <u>1-ALGONQUIN DR.</u>		Street Address	
City <u>Burlington</u>	State <u>MA</u>	City	State
Zip <u>01803</u>		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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OCT 23 2014

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SECRETARY OF STATE
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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

Print or Type Name of Authorized Person

10-23-14

NIKHIL MAKHITA