

## 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 2015

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					
936572	S & K Fo	S & K Food Mart, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
RI	Conveni	Convenience Store					
5. Principal office address 1081 Atwells Avenue			City Providence	State RI	Zip <b>02909</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	<b>松水的有效物,这个价值</b>		
Contact Name Asim Nazir		Contact Title Sole Member					
Street Address 1081 Atwells Avenue			City Providence	State <b>RI</b>	Zip <b>02909</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
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		
8. RESIDENT AGENT IN F	RHODE ISLAND						
This information is currer	ntly of record in th	e Office of the Seci	retary of State. Changes require t	filing Form 642.			
			·				

OCT 26 2005

File Date	Under penaity of perjury, I declare and aπir this report, including any accompanying so and that a statements contained herein ar	chedules and statements,	
Check No	Signature of Authorized Person	/0/21/15 Date	
FOR SECRETARY OF STATE USE ONLY	Asim Nazir		
FOR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012