



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 508165		2. Exact name of the limited liability company Khout, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island gas station/convenience store	
5. Principal office address 691 Valley Street		City Providence	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ghazala Minhas		Contact Title Member	
Street Address 691 Valley Street		City Providence	State RI
		Zip 02908	
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 <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 APR 20 PM 2:51

FILED

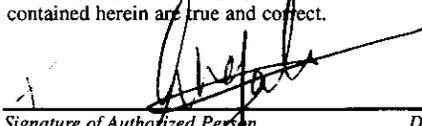
APR 20 2016

By 27269D
AA

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

508165

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 _____

Ghazala Minhas
 Print or Type Name of Authorized Person

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