State of Rhode Island and Providence Plantations Department of State - Business Services Division

CECRETARY OF STATE

2016 JUN 23 PM 2: 15

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 00542963	2. Exact name of the Limited Liability Company ISHA LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	GAS STATION AND CONVENIENCE STORE				
5. Principal Office Address			City	State	Zip
302 BROAD STREET			CUMBERLAND	RI	02864
6. Mailing Address of Limited Lia		and Name or Titl	le of Contact Person	•	•
Contact Name SANJAY PATEL			Contact Title		
Street Address 369 BROAD STREET			City CUMBERLAND	State RI	^{Zip} 02864
7. List ALL managers (names ar	d addresses)	of the Limited Liab	bility Company, IF APPLICABLE	- DO NOT LIST I	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
	<u> </u>			Check the box to it	ndicate an attachment
8. Resident Agent in Rhode Islan	d. This informat	ion is currently of re	cord in the Department of State. Ch	anges require filing l	orm 642.
Under penalty of perjury, I deci statements, and that all statem				ny accompanyin	g schedules and
Name of Authorized Person				Date	
SANJAY PATEL				06/23/2016	
Signature of Authorized Person	<u> </u>	SIGN DO	CUMENT HERE	l	

FILED

JUN 23 2016

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY On 277420 2:20