

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

THE STATE OF STATE

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Annual Report for the year: 2014 Limited Liability Company

-> 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	2. Exact name	2. Exact name of the Limited Liability Company				
171704	J	I J Warwich LCC.				
3. State of Formation	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island				
RI	Gas Station & Convenience Store					
5. Principal Office Address 1959 War			City Warwick	State R /	Zip 02889	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Jaaroub Melhem			Contact Title			
Spreet Address AN / DECC			City C/NCOLN	State.	zip 0) \$ 65	
7. List ALL mahagers (names and addresses) 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	
Check the box to indicate an attachment						
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.						
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.						
Name of Authorized Person						
XADCO-5 nelle 8/23/266						
Signature of Authorized Person SIGN DOCUMENT HERE						
X CC						

FILED -

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 23 2016

FORM 632 - Revised: 05/2016