State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 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	2. Exact name of the Limited Liability Company					
936572		S & K Food Mart, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
44-45 - Retail Trade		Convenience Store					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
1081 Atwells Avenue			Providence	RI	02909		
7. Mailing Address of Limite	ed Liability Comp	any and Name o	or Title of Contact Person				
Contact Name Asim Nazir			Contact Title Sole Member				
Street Address 1081 Atwells Avenue			City Providence	State RI	^{Zip} 02909		
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - 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				
2"			Street Address				
City	State	Zip	City	State	Zip		
2 Davidson 11 D				Check the box to it	ndicate an attachment		
B. Resident Agent in Rhode	Island. This inforn	nation is currently	of record with the Department of Stat	e Changes require filin	o Form 040		
statements, and that all sta	geciare and att	irm that I have :	examined this senset includion	g any accompanyin	g schedules and		
Name of Authorized Person		<u>-</u>		Date			
Asim Nazir			10/06/2016				
Signature of Authorized Pers	son	3/01/1	DCACEMA, April da la				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 2 1 2016

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