



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

Annual Report for the year: 2016

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 <u>793255</u>		2. Exact name of the Limited Liability Company <u>MASALA LLC</u>			
3. NAICS Code <u>81</u> <input type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation <u>R-i</u>					
6. Principal Office Address <u>1920 MINERAL SPRING AVE</u>		City <u>N. Providence</u>	State <u>R-i</u>	Zip <u>02904</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>TARIQ NAEEM</u>		Contact Title <u>MANAGER</u>			
Street Address <u>1920 MINERAL SPRING AVE</u>		City <u>N. Providence</u>	State <u>R-i</u>	Zip <u>02904</u>	
8. List ALL managers (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	
Manager Name		Manager Name			
Street Address		Street Address			
City		State		Zip	
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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 <u>TARIQ NAEEM</u>				Date <u>5/7/17</u>	
Signature of Authorized Person <u>Tariq Naem</u>					

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

MAY 18 2017

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