

State of Rhode Island and Providence ##antations Office of the Secretary of State

. Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited	Liability	Company
Annual	Report	

DO NOT LIST MEMBERS

Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liabil to file its annual report within thirty (30) days after the tim 16-66(b&c)) is subject to a penalty fee of \$25.00.	ity company fa e prescribed b	iling or refusing y law (R.I.G.L. 7-		
ANNUAL REPORT YEAR: 2017		<u>-</u> .		
1. ID No. <u>000991853</u>	·	-	FILED JUN 02 20 BY Onlin	
2. Exact Name of the Limited Liability Company \underline{R}	U LLC		un u 2 20	
3. State of Formation			2011	
State: RI			BY ONTH	
ARTICLE III				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.				
NAICS Code			44-45	
4. Brief Description of the Character of the Business	Which is Act	ually Conducte	d in Rhode Island	
RU LLC IS LOCATED WEST SHORE RD WARWICK RI 02889 WITH FRIENDLY STAFF AND				
OWNER. WE SELL FROM CIGARETTES TO MILK AND BREAD FOR YOUR CONVENIENCE.				
5. Principal Office Address		•		
No. and Street: 2563 WEST SHORE ROAD WARWICK	State: <u>RI</u>	Zip: <u>02889</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: WAHEED UR RAHMAN Contact Title: No. and Street: 2563 WEST SHORE RD WARWICK	OWNER State: RI	zip: <u>02889</u>	Country: USA	

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

Title

Individual Name

Address

First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WAHEED UR RAHMAN 2563 WEST SHORE ROAD WARWICK, RI 02889

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

Signed this 2 Day of June, 2017 at 3:47:41 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By WAHEED UR RAHMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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