

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2017 OCT -3 PM 12: 08

Annual Report for the year: 2017
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 Evact as   | ome of the Limiter    | d Liability Company                                |                       |                       |  |
|--|--|-----------------------|--|-----------------------|-----------------------|--|
| 00897409   | 2. Exact name of the Limited Liability Company  Hazar.EB, LLC            |                       |  |                       |                       |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                       |  |                       |                       |  |
| 53 - Real Estate and Rental ar                                     | Real estate holding 53/190   |                       |  |                       |                       |  |
| 5. State of Formation  |  |                       |  |                       |                       |  |
| Rhode Island   |  |                       | •  |                       |                       |  |
| 6. Principal Office Address  |  |                       | City   | State                 | Zip                   |  |
| 189 Governor Street  |  |                       | Providence   | RI                    | 02906                 |  |
| 7. Mailing Address of Limited Lia                                  | bility Compa   | any and Name or       | Title of Contact Person                            |                       |                       |  |
| Contact Name Fayez Badlissi, DMD                                   |  |                       | Contact Title                                      |                       |                       |  |
| Street Address 21 John Westcott Drive                              |  |                       | City North Attleboro                               | State MA              | Zip <b>02760</b>      |  |
|  | nd addresse:   | s) of the Limited L   | Liability Company, IF APPLICABL                    | E - DO NOT LIST N     | MEMBERS               |  |
| Manager Name N/A   |  |                       | Manager Name N/A                                   | Manager Name N/A      |                       |  |
| Street Address   |  |                       | Street Address                                     | Street Address        |                       |  |
| City   | State  | Zip                   | City   | State                 | Zip                   |  |
| Manager Name N/A   |  |                       | Manager Name N/A                                   | Manager Name N/A      |                       |  |
| Street Address   |  |                       | Street Address                                     |                       |                       |  |
| City   | State  | Zip                   | City   | State                 | Zip                   |  |
|  |  |                       |  | Check the box to in   | ndicate an attachment |  |
| 9. Resident Agent in Rhode Islan                                   | nd. This inform  | nation is currently o | of record with the Department of State.            | Changes require filin | g Form 642.           |  |
| Under penalty of perjury, I dec<br>statements, and that all statem |  |                       | examined this report, including three and correct. | any accompanyin       | g schedules and       |  |
| Name of Authorized Person  | AYEZ   | 2 BH                  | PDLissi  | Date 9_ 2             | -6-17                 |  |
| Signature of Authorized Person                                     |  | Fra                   | Agent Sent Del                                     | -                     |                       |  |

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

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BY M 313995

