

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.

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| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                           |     |  |             |           |  |  |
|--|--|-----|--|-------------|-----------|--|--|
| 000795 254   | JW Mini Mart LLC   |     |  |             |           |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |     |  |             |           |  |  |
| 445120   | Convenience store  |     |  |             |           |  |  |
| 5. State of Formation  |  |     |  |             |           |  |  |
| RI   |  |     |  |             |           |  |  |
| 6. Principal Office Address  |  |     |  | State       | Zip       |  |  |
| 146 Waterman Ave   |  |     | N. Providence  | RI          | 02911     |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |  |             |           |  |  |
| Contact Name KHALED ALHAMAD  |  |     | Contact Title  MANAGER  City State Zip  N. Providence RI 02911 |             |           |  |  |
| Street Address 146 Waterman An   |  |     | City Providence  | State<br>RI | Zip 02911 |  |  |
| 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  | Zıp | City   | State       | Zip       |  |  |
| Manager Name   |  |     | Manager Name   |             |           |  |  |
| Street Address   |  |     | Street Address   |             |           |  |  |
| City   | State  | Zıp | City   | State       | Zip       |  |  |
| Check the box to indicate an attachment  |  |     |  |             |           |  |  |
| 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  |  |     |  | Date        |           |  |  |
| KHALED ALHAMAD   |  |     |  | 1 19        | 2018      |  |  |
| Signature of Authorized Person   |  |     |  |             |           |  |  |
| X  |  |     |  |             |           |  |  |
|  |  |     | <del></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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