RI SOS Filing Number: 201875154610 Date: 8/21/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

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Annual Report for the year: 20/2**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 name of the Limited Liability Company				
000900633	KARIM LLC				
3. NAICS Code 445/20	Brief description of the character of business conducted in Rhode Island				
445120	Convenience 5Tox				
5. State of Formation					
ν)					
<u> </u>					
6. Principal Office Address			City	State	Zip
527 Pontiac Ave			CRANSTON	RI	02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name QUDRAT TARIQ			Contact Title Officer		
Street Address 527 Portiac AND			City Crans Ton	State RT	Zip 02910
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name –			Manager Vame		
Street Address 89			Street Address		
City / A . i .	State 🗷 🔿	7	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
		1	Ch	eck the box to ind	icate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fling 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> </u>		Date		
	GUVFI	H TAU	₹		
Signature of Authorized Person					
Signature of Authorized Person DIST-DOCUMENT HEIGHT					

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 ~ 3.'07

BY OL KADZA