



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

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year: 2018  
Limited Liability Company

2018 AUG 21 PM 3:07

- 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>000900633</u>		2. Exact name of the Limited Liability Company <u>KARIM LLC</u>	
3. NAICS Code <u>445120</u>		4. Brief description of the character of business conducted in Rhode Island <u>CONVENIENCE STORE</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>527 Pontiac Ave</u>		City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02910</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>QUDRAT TARIQ</u>		Contact Title <u>officer</u>	
Street Address <u>527 Pontiac Ave</u>		City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02910</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>[Redacted]</u>		Manager Name <u>[Redacted]</u>	
Street Address <u>89 [Redacted]</u>		Street Address <u>[Redacted]</u>	
City <u>[Redacted]</u>	State <u>RI</u>	City <u>[Redacted]</u>	State <u>RI</u> Zip <u>[Redacted]</u>
Manager Name <u>[Redacted]</u>		Manager Name <u>[Redacted]</u>	
Street Address <u>[Redacted]</u>		Street Address <u>[Redacted]</u>	
City <u>[Redacted]</u>	State <u>[Redacted]</u>	City <u>[Redacted]</u>	State <u>[Redacted]</u> Zip <u>[Redacted]</u>
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>QUDRAT TARIQ</u>		Date <u>[Redacted]</u>	
Signature of Authorized Person <u>[Signature]</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

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BY CK K2022