RI SOS Filing Number: 201876401470 Date: 8/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

**STAMP** 

Annual Report for the year: 2018 **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is	not filed by Dece	ember 1.		
1. Entity ID Number 799115	2. Exact name of the Limited Liability Company 5 STARS MANAGEMENT SERVICES, LLC				
3. NAICS Code 447110	Brief description of the character of business conducted in Rhode Island     Service Station				
5. State of Formation					
6. Principal Office Address			City	State	Zip
1209 Hartford Avenue			Johnston	RI	02919
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	le of Contact Person	·	
Contact Name Kenneth J. Macksoud, Esq.			Contact Title Resident Agent		
Street Address One Turks Head Place, Suite 1440			City Providence	State RI	Zip 02903
8. List ALL managers (names ar	ıd addresses)	of the Limited Lial	bility Company, IF APPLICAI	BLE - DO NOT LIST N	NEMBERS
Manager Name Josephine Najim			Manager Name		
Street Address 1209 Hartford Avenue			Street Address		
City Johnston	State RI	<sup>Zip</sup> 02919	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>			Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Islan	nd. This informa	ation is currently of re	cord with the Department of Sta		
Under penalty of perjury, I dec statements, and that all staten				ig any accompanying	schedules and
Name of Authorized Person				Date	
Josephine Najim	a	_		X 8-	25-2018
Signature of Authorized Person	<i></i>		OCHMENT HEDE		

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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FORM 632 - Revised: 10/2017