



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

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2018 SEP 21 PM 1:50

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 December 1.

1. Entity ID Number 00897409		2. Exact name of the Limited Liability Company Hazar.EB, LLC			
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island Real estate holding			
5. State of Formation Rhode Island					
6. Principal Office Address 189 Governor Street			City Providence	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Fayez Badlissi, DMD			Contact Title		
Street Address 21 John Westcott Drive			City North Attleboro	State RI	Zip 02760
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	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 Fayez Badlissi				Date 9-17-18	
Signature of Authorized Person <i>Fayez Badlissi</i>				SIGN DOCUMENT HERE	

FILED

SEP 21 2018

BY Ch CB 1587

MAIL TO:
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