



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

FILED

NOV 02 2018

BY 1167

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 000485268 | | 2. Exact name of the Limited Liability Company A Little Lamb LLC | | | |
| 3. NAICS Code 445120 | | 4. Brief description of the character of business conducted in Rhode Island Convenience Store | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 33 College Hill Rd , #15E | | | City Warwick | State RI | Zip 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Mary B. Shekarchi, Esq. | | | Contact Title Attorney | | |
| Street Address 33 College Hill Rd , #15E | | | City Warwick | State RI | Zip 02886 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Gary Bliss Garabedian | | | Manager Name | | |
| Street Address 245 Waterman St , #404 | | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 MARY B. Shekarchi ESP | | | | Date 10/29/18 | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov