RI SOS Filing Number: 201993423810 Date: 5/17/2019 12:17:00 PM



State of Rhode Island and Providence Plantations

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

2019 MAY 17 PH 12: 12

Annual Report for the year: \_20/5/5 **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.

	<del>, -</del>				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
5 <b>8</b> 8483	Broadway Gas LC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
811198			•		
5. State of Formation	1		^		
KL		(	Jas dation		
6. Principal Office Address		-	City	State	Zip
392 broadway			Providence	RI	02909
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		
Contact Name  Ibrahim Elhawi			Contact Title		
Street Address 392 broadway			City Providence	State	zip 62989
8. List ALL managers (names a	nd addresses) c	f the Limited Liab	lity Company, IF APPLICABLE -	DO NOT LIST	MEMBERS
Manager Name MINERVA El haco			Manager Name		
Street Address 130 Hazelfon St			Street Address		
City Cranston	State	Zip 2920	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<u> </u>	C1	neck the box to	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This informati	on is currently of rec	ord with the Department of State, Ct	nanges require fili	ng Form 642.
Under penalty of perjury, I dec statements, and that all states	lare and affirm	that i have exan d herein are true	nined this report, including any and correct.	y accompanyir	ng schedules and
Name of Authorized Person		- ·		Date	
Signature of Authorized Person					
A Comment			12:17	TILL!	······································
			10.17	11AV 1 77 00	
MAIL TO:				MAY 17 20	19

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

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