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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 MAY 17 PH 12: 12

Annual Report for the year: 20/2 **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	2. Exact name of the Limited Liability Company				
588483	Broadway bas ILC				
3. NAICS Code	4. Brief descrip	tion of the charac	ter of business conducted in Rhoo	de Island	
811198			·		
5. State of Formation					
スト	Gas dation				
6. Principal Office Address			City	State	Zıp
392 broadway			Providence	RI	62909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thrahim Elhawi			Contact Title Contact Title		
Street Address 392	broadu	15 U	City Providence	State	zip 62989
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MINERVA El haci Manager Name					
I i			Street Address		
City Cranston	State	Zip 2920	City	State	Zıp
Manager Name			Manager Name		
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				Date	
i , ,					
Signature of Authorized Person					
7114 FILED					
			17:14	FILLD	
MAIL TO: [O''' MAY 17 2019					
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040					
Phone: (401) 222-3040					
Website: www.sos.ri.gov			О	JA	

FORM 632 - Revised: 10/2017