



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001677116

2. Exact Name of the Limited Liability Company MINA LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

454111

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

I AM A MERCHANT IN AMAZON.COM AND ALL THE SALES WERE CONDUCTED
ONLINE.
MOST OF THE CUSTOMERS WERE OUT OF RHODE ISLAND. MERCHANDISE WAS
SUPPLIED
THROUGH WHOLESALERS AND SHIPPED TO AMAZON. SHIPMENTS TO AMAZON
WERE
CONDUCTED IN RHODE ISLAND. ALL THE SALES WERE FULFILLED BY AMAZON
FROM
THEIR WAREHOUSES WHICH ARE LOCATED ALL AROUND UNITED STATES.

5. Principal Office Address

No. and Street: 100 ELENA ST. APT 403

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: EMRE CIVAN Contact Title: MEMBER/OWNER

No. and Street: 8356A BALTIMORE NATIONAL PIKE

City or Town: ELLICOTT CITY

State: MD

Zip: 21043

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

EMRE CIVAN 100 ELENA STREET, APT 403 CRANSTON , RI 02920

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of June, 2019 at 12:31:22 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EMRE CIVAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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