St	ate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -	·		
	7-16-66(d), each limited liability comp h thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000487312</u>			
2. Exact Name of the Limited Liability Company <u>GEORGES'S ENTERPRISES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>481211</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted	I in Rhode Island
GENERAL WITH TRAN	<u>ISPORTATION</u>		
5. Principal Office Addres	s		
	UMMOND DRIVE COLN State	:: <u>RI</u> Zip: <u>02865</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Pe	rson:
Contact Name: Contact T No. and Street: <u>4 DRI</u> City or Town: <u>LINC</u>	UMMOND DRIVE	: <u>RI</u> Zip: <u>02865</u>	Country: <u>USA</u>
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	Addres Address, City or Town, St	
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GEORGES M. MAKHLOUF</u> <u>4 DRUMMOND DRIVE</u> <u>LINCOLN</u>, <u>RI</u> <u>02865</u>

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

Signed this 18 Day of August, 2019 at 9:00:10 PM 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 GEORGES MAKHLOUF

Signature of Authorized Person

Form No. 632 Revised 09/07

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