



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121839		2. Exact name of the limited liability company MAHMUD, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE	
5. Principal office address 28-30 HARTFORD AVENUE		City PROVIDENCE	State RI
		Zip 02909-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TARIQ MAHMUD		Contact Title	
Street Address 28-30 HARTFORD AVE.		City PROVIDENCE	State RI
		Zip 02909-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name TARIQ MSHMUD		*Manager Name	
Street Address 416 HIGH STREET		*Street Address	
City CUMBERLAND	State RI	Zip 02864	*City
*Manager Name		*State	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*State	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*State	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 1 8 3 9

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.

Signature of Authorized Person

Date

TARIQ MAHMUD

Print or Type Name of Authorized Person

\*121839 DLLC 10/10/05 11:34:58 AM\*

File Date 11/1/05

Check No. 5637

By: KML

FOR SECRETARY OF STATE USE ONLY



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AND PROVIDENCE PLANTATIONS  
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Contact Name TARIQ MAHMUD		Contact Title MANAGER			
Street Address 28-30 HARTFORD AVE.		City PROVIDENCE	State RI	Zip 02909-	
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Manager Name TARIQ MAHMUD		Manager Name			
Street Address 416 HIGH ST		Street Address			
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE			
Address		City EAST PROVIDENCE		Zip 02914-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 1 8 3 9

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.

Signature of Authorized Person Date 10/14/04  
TARIQ MAHMUD  
Print or Type Name of Authorized Person

\*121839 DLLC 09/14/04 02:27:52 PM\*

File Date 11/4/04

Check No. 5958

By:

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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		Zip 02909-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TARIQ MAHMUD		Contact Title .	
Street Address 28-30 HARTFORD AVE.		City PROVIDENCE	State RI
		Zip 02909-	
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Manager Name TARIQ MAHMUD		• Manager Name .	
Street Address 416 HIGH STREET		• Street Address .	
City CUMBERLAND	State RI	Zip 02864	• City .
• Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
.		• State .	
.		• Zip .	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address .		City EAST PROVIDENCE	Zip 02914-

**FILED**

NOV 07 2003

By Kmc  
C11336

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 1 8 3 9

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.

Tariq Mahmud 10-1-03  
Signature of Authorized Person Date  
TARIQ MAHMUD  
Print or Type Name of Authorized Person

\*121839 DLLC 09/26/03 10:06:58 AM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By \_\_\_\_\_

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AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TARIQ MAHMUD		Contact Title MANAGER	
Street Address 28-30 HARTFORD AVE.		City PROVIDENCE	State RI Zip 02909-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name TARIQ MAHMUD		Manager Name	
Street Address 416 HIGH ST		Street Address	
City Cumberland	State R.I.	Zip 02864	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



*121839 DLLC8/12/0311:09:59 PM*
File Date <u>11/6/03</u>
Check No. <u>1095</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 8/18/03  
Signature of Authorized Person Date  
TARIQ MAHMUD  
Print or Type Name of Authorized Person

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

**Filing Period: September 1 - November 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121839		2. Exact name of the limited liability company MAHMUD, LLC	
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			Zip 02909
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Street Address 416 HIGH STREET		Street Address	
City CUMBERLAND	State RI	Zip 02864	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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Agent Name DAVID DIPALMA, ESQ.		Address	
Address 138 WARREN AVENUE		City EAST PROVIDENCE	Zip 02914

*This report must be signed in ink by an authorized person pursuant to 7-16-66.*




**FILED**

\* 1 2 1 8 3 9 \* OCT 31 2002

By BMF  
294816

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.

  
Signature of Authorized Person

Date 10/13/02

TARIO MAHMUD

---

*Print or Type Name of Authorized Person*

File Date: \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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