

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

ITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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5. Principal office addres	3		City	State	Zip
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Contact Name	ESS OF LIMIT	ED LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT	PERSON:
TARIQ MAHMUD		·	•	<u> </u>	la:
Street Address			City	State	Zip
28-30 HARTFORD			PROVIDENCE	RI	02909-
Manager Name	FILL I	IN SPACES BEFORE USING	LIMITED LIABILITY COME G ATTACHMENTS ("X" BOX FO JIRES FILING OF AMENDMENT. R • Manager Name	OR ATTACHMEN	<i>1</i>) 🗆
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Agent Name		LAND -DO NOT ALTER- C	hanges require filing of Fo		L. 7-16-11
DAVID DIPALMA,	ESU.		138 WARREN AVER		17:-
Address			City		Zip
			EAST PROVIDENCE	DENCE 02914-	

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В <u>у:</u>	KML
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and at	irm that I have examined
this report, including any accompanying:	schedules and statements,
and that all statements contained herein a	re-true and correct.
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	. / . / ~
10 -	10/14/05
Signature of Authorized Person	Date
L	
TARIQ MAHMUD	
Print or Type Name of Authorized Person	
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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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 121839 MAHMUD, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE RHODE ISLAND State 5. Principal office address 28-30 HARTFORD AVENUE RI **PROVIDENCE** 02909-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title TARIQ MAHMUD .MANAGER Street Address City Sinte 28-30 HARTFORD AVE. . PROVIDENCE RI 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name TARIQ MAHMUD Street Address · Strect Address 416 HIGH ST City State Zip City State Zip CUMBERLAND RI 02864 Manager Name Manager Name Street Address Street Address City State Zip Cirv 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 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE Address City Zip EAST PROVIDENCE 02914-

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



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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 of Authorized Person

TARIQ MAHMUD

Print or Type Name of Authorized Person



Check No.

FOR SECRETARY OF STATE USE ONLY

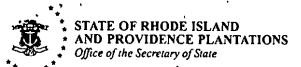
Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

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) 1. ID No. 2. Exact name of the limited liabilty company 121839 MAHMUD, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE RHODE ISLAND 5. Principal office address State 28-30 HARTFORD AVENUE PROVIDENCE RI 02909-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title TARIQ MAHMUD Street Address City State Zin 28-30 HARTFORD AVE. . PROVIDENCE RI 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name TARIQ MAHMUD Street Address · Street Address 416 HIGH STREET Cirv State Zip State Zip City **CUMBERLAND** RI l02864 Manager Name Manager Name Street Address ·Sircei Address State 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 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE Address City Zip EAST PROVIDENCE 02914-FILED NOV 07 2003 This report must be signed in ink by an authorized person pursuant to 7-16-66. By Conc 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. *121839 DLLC 09/26/03 10:06:58 AM* File Date_ 10-1-13

Signature of Authorized Person

TARIQ MAHMUD Print or Type Name of Authorized Person



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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3. State of Formation	·			business which is actually conducted	in Rhode Island			
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Agent Name	VI IN R	HODE ISLAND -D	O NOT ALTER- Ch	anges require filing of F	orm 642 - R.I.G.	L. 7-16-11		
DAVID DIPALMA	ECO			Address				
Address	, ESW.			138 WARREN AVE	NUE			
Address				City Zip				
				EAST PROVIDENC	E	02914-		
This report must be	e signed	din ink by an au	thorized person j	oursuant to 7-16-66.	arium I danlar and			
121839 DLLC8/	 12/031	1:00:50 PM	٦	this report, includin	ig any accompanyir	i affirm that I have examine ng schedules and statements n are true and correct.		
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File Date 1 1 1	<u> </u>					8/12/0	<u>3</u>	
Check No. 109				Signature of Authorize	ed Person	Date		
By:				Print or Type Name of	O MAI	HMUD		
FOR SECRETARY OF		UCE ONLY		ritini or type isame o	g Aumorized Ferson			



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

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) 2. Exact name of the limited liabilty company I. ID No 121839 MAHMUD, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation CONVENIENCE STORE RHODE ISLAND 5. Principal office address State **PROVIDENCE** 02909 ŔΙ 28-30_HARTEORD_AVENUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contaci Title Contact Name TARIQ MAHMUD MANAGER Street Address City 28-30 HARTFORD AVENUE PROVIDENCE RI 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□ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name TARIQ MAHMUD Street Address * Street Address 416 HIGH STREET Cin State CUMBERLAND RI 02864 Manager Name Manager Name Sircet Address Street Address City State City State Zip 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 Address DAVID DIPALMA, ESQ. Address **138 WARREN AVENUE** EAST PROVIDENCE 02914-This report must be signed in ink by an authorized person pursuant to 7-16-66. "<mark>*</mark>"OCT 3 1 2002 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. File Date_ bignature of Authorized Person Check No. TARIQ MAHMUD Print or Type Name of Authorized Person