

SECRETARY OF STATE CORPORATIONS DIV

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
978752	Moe's Limo UC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
485320	Ground Transportation				
5. State of Formation	,				
KI					
6. Principal Office Address City State Zip					
1800 Mineral Spring Ave # 131			N. Providence	KI	OE9014
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mahmoud Elshartany			Contact Title President		
Street Address  2008 Mineral Spring Ave #7			City N. Providence	State PI	Zip 02911
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
			Ch	eck the hox to inc	dicate 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 /					
Mahmoud Elshankawy 11/13/2019					
Signature of Authorized Person					
1 Shorking					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 10/2017