## State of Rhode Island and Providence Plantations Department of State - Business Services Division



2020 JAN 29 PM 3: 55

## Annual Report for the year: 2018 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000950710	2. Exact name of the Limited Liability Company 732 WILLETT AVE LLC					
3 NAICS Code 531390	4 Brief description of the character of business conducted in Rhode Island REAL ESTATE LEASING					
5 State of Formation RI						
6 Principal Office Address			City	State	Zip	
732 WILLETT AVE			EAST PROVIDENCE	Ri	02915	
7 Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	•	· · · · · · · · · · · · · · · · · · ·	
Contact Name HAJI AHMAD			Contact Title MANAGER			
Street Address 1345 WAMPANOAG TRAIL			City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02915	
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	Zin	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			C	heck the box to in	ndicate 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 dec statements, and that all statem	lare and affirm ents contained	that I have exand herein are true	nined this report, including an and correct.	y accompanying	g schedules and	
Name of Authonzed Person				Date	Date	
HAJI AHMAD				7-30-20	7-30-2019	
Signature of Authorized Person Sonth Months of the RP						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n gov JAN 29 2020 BY M JaH44 3:54