	State of Rhode IslandFee: \$50Office of the Secretary of State
	Division Of Business Services 148 W. River Street
HOPE	Providence RI 02904-2615 (401) 222-3040
Limited Liability Com Annual Report Filing Period: September 1	
	7-16-66(d), each limited liability company failing or refusing nin thirty (30) days after the time prescribed by law (R.I.G.L. 7- penalty fee of \$25.00.
ANNUAL REPORT YEAR:	: <u>2019</u>
1. ID No. <u>001681279</u>	9
2. Exact Name of the Li	imited Liability Company DRSM Mart LLC
3. State of Formation	
State: <u>RI</u>	
	ARTICLE III
-	Code that best describes the primary business conducted by the entity. Download re information on <u>NAICS</u> can be found online.
447110	
4. Brief Description of th	he Character of the Business Which is Actually Conducted in Rhode Island
	CONVENIENCE STODE
GAS STATION AND C	CONVENIENCE STORE
5. Principal Office Addre	
5. Principal Office Addre No. and Street: <u>2701</u>	
5. Principal Office Addre No. and Street: 2701 City or Town: JOHN	ess HARTFORD AVENUE,
5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Line Contact Name: DANISH	HARTFORD AVENUE, NSTON State: RI Zip: 02919 Country: USA imited Liability Company and Name or Title of Contact Person: I RAHAT Contact Title: PRINCIPAL
5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Lin Contact Name: DANISH No. and Street: 2701	ess <u>HARTFORD AVENUE,</u> <u>NSTON</u> State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u> imited Liability Company and Name or Title of Contact Person:
5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Line Contact Name: DANISH No. and Street: 2701 City or Town: JOHN	HARTFORD AVENUE, NSTON State: RI Zip: 02919 Country: USA imited Liability Company and Name or Title of Contact Person: 1 RAHAT Contact Title: PRINCIPAL 1 HARTFORD AVE State: RI Zip: 02919 State: RI Zip: 02919 Country: USA
5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Lin Contact Name: DANISH No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Lin Contact Name: DANISH No. and Street: 2701 City or Town: JOH 7. Name and Address of	HARTFORD AVENUE, NSTON State: RI Zip: 02919 Country: USA imited Liability Company and Name or Title of Contact Person: 1 RAHAT Contact Title: PRINCIPAL 1 HARTFORD AVE State: RI Zip: 02919 State: RI Zip: 02919 Country: USA

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

MICHEL J. MURRAY, ESQ. 37 MILL STREET NEWPORT , RI 02840

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, 2020 at 12:52:48 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 SHOAIB MUHAMMAD

Signature of Authorized Person

Form No. 632 Revised 09/07

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