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Annual Report for the year: $\frac{2020}{}$ **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.

| | 0 5 | a af the Limited L | ighility Company | | | |
|--------------------------------------|---|--------------------|-----------------------------|-----------------------|------------------------|--|
| . Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 01686919 | 3344 W. Shore Rd, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| £ 21240 | Real property | | | | | |
| 5. State of Formation | l W | M DULLO | H X | X | | |
| RI | , , | , , | | | | |
| 5. Principal Office Address | <u> </u> | | City | State | Zip | |
| 3344 W Shore Road | | | Warwick | RI | 02886 | |
| 7. Mailing Address of Limited Lia | bility Compan | y and Name or T | itle of Contact Person | | | |
| Contact Name Saed Mahmoud | | | Contact Title Member | Contact Title Member | | |
| Street Address 3344 W Shore Road | | | City Warwick | State RI | Zip 02886 | |
| 8. List ALL managers (names a | nd addresses | of the Limited L | iability Company, IF APPLIC | ABLE - DO NOT LIST | MEMBERS | |
| Manager Name | | · | Manager Name | | ē - | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| | <u> </u> | | Manager Name | | | |
| Manager Name | | | | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip . | |
| | <u> </u> | | | Check the box to | indicate an attachment | |
| 9. The Resident Agent informa | tion currently o | of record with the | RI Department of State is a | ccurate. Changes requ | ire filing Form 642. | |
| Under manalty of parium I de | clare and aff | irm that I have e | examined this report, inclu | ding any accompany | ng schedules and | |
| statements, and that all state | ements conta | ined herein are | true and correct. | | , , | |
| Name of Authorized Person | | | | 10 | /2/20 | |
| Saed Mahmoud | | | | | | |
| Signature of Authorized Perso | n | | | | | |
| | ~ | = | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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