



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2020 NOV -5 P 1:51

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 <u>979902</u>		2. Exact name of the Limited Liability Company <u>V.O.C MARKET L.L.C</u>	
3. NAICS Code <u>447100</u>		4. Brief description of the character of business conducted in Rhode Island <u>CONVENIENCE STOR</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>51 Empire ST</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>NABIL FAHLI</u>		Contact Title <u>MANAGER</u>	
Street Address <u>13457 Farmcrest CT APT 206</u>		City <u>Herndon</u>	State <u>VA</u>
		Zip <u>20171</u>	
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
			Zip
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>NABIL FAHLI</u>		Date <u>05-11-2020</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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B. L. T. W. G. S.