



State of Rhode Island

## Department of State - Business Services Division

**FILED**

NOV 17 2020

BY

Annual Report for the year: 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.

|  |       |  |                        |                    |              |
|--|-------|--|------------------------|--------------------|--------------|
| 1. Entity ID Number<br>001694018   |       | 2. Exact name of the Limited Liability Company<br>Lucky Mini Mart, LLC                           |                        |                    |              |
| 3. NAICS Code<br>44520   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Convenience Store |                        |                    |              |
| 5. State of Formation<br>RI  |       |  |                        |                    |              |
| 6. Principal Office Address<br>322 Broad Street  |       | City<br>Providence   |                        | State<br>RI        | Zip<br>02907 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                        |                    |              |
| Contact Name<br>Muhammad Usman   |       |  | Contact Title<br>Owner |                    |              |
| Street Address<br>322 Broad Street   |       | City<br>Providence   |                        | State<br>RI        | Zip<br>02907 |
| 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<br>Muhammad Usman  |       |  |                        | Date<br>10/29/2020 |              |
| Signature of Authorized Person<br><i>Usman</i>   |       |  |                        |                    |              |

## MAIL TO:

Division of Business Services

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