	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Con Annual Report Filing Period: September :			
	7-16-66(d), each limited liability comp hin thirty (30) days after the time presci a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2020</u>		
1. ID No. <u>00169514</u>	<u>10</u>		
2. Exact Name of the L	imited Liability Company $\underline{K \& R S}$	MOKE SHOP LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS	Code that best describes the primary	ousiness conducted by t	he entity. Download
the list of codes here. Mo	re information on <u>NAICS</u> can be found	-	
the list of codes <u>here.</u> Mo <u>453991</u>		-	
<u>453991</u>		online.	
453991 4. Brief Description of t	pre information on <u>NAICS</u> can be found	is Actually Conducted	
453991 4. Brief Description of t	he Character of the Business Which	is Actually Conducted	
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453991 4. Brief Description of the second street THE SALE OF TOBAGE 5. Principal Office Address No. and Street: 1655 City or Town: WA 6. Mailing Address of L Contact Name: RAJAN No. and Street: 213 City or Town: MA	bre information on NAICS can be found he Character of the Business Which CCO AND E-CIGARETTE SUPPL ess 5 WARWICK AVENUE RWICK State: N imited Liability Company and Name KUMAR B. PARMAR Contact Title: SOUTH MAIN ST NSFIELD State: N of Each Manager of the Limited Liab	is Actually Conducted IES. Ite: <u>RI</u> Zip: <u>02888</u> or Title of Contact Pe PRESIDENT IA Zip: <u>02048</u>	I in Rhode Island Country: <u>USA</u> rson: Country: <u>USA</u>
453991 4. Brief Description of the THE SALE OF TOBAC 5. Principal Office Addre No. and Street: 1655 City or Town: WA 6. Mailing Address of L Contact Name: RAJAN No. and Street: 213 City or Town: MAL 7. Name and Address of L	bre information on NAICS can be found he Character of the Business Which CCO AND E-CIGARETTE SUPPL ess 5 WARWICK AVENUE RWICK State: N imited Liability Company and Name KUMAR B. PARMAR Contact Title: SOUTH MAIN ST NSFIELD State: N of Each Manager of the Limited Liab	is Actually Conducted IES. Ite: <u>RI</u> Zip: <u>02888</u> or Title of Contact Pe PRESIDENT IA Zip: <u>02048</u>	I in Rhode Island Country: <u>USA</u> rson: Country: <u>USA</u> icable.

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

KAMLESHKUMAR PATEL <u>1843 ATWOOD AVENUE</u> JOHNSTON, <u>RI</u> <u>02919</u>

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 November, 2020 at 7:27:20 AM 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 <u>RAJANKUMAR B. PARMAR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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