RI SOS Filing Number: 202081579770 Date: 12/23/2020 3:21:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
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.

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2020 DEC 23 P 3: 19

Entity ID Number	2. Exact name of the Limited Liability Company				
001663432	tioque food and Smack LCC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
147110	gas station				
5. State of Formation					
6. Principal Office Address			City	State	Zip
851 tioque Aux			Covartny	RI	71850
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ADNAN AKACH			Contact Title Owner		
2698 Easton turnpike			FairField	State	06825
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ACDALRAZZ	KKACH	Manager Name			
Street Address STITION UR AVE			Street Address		
covertry	State C	02816	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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 Date					
AONANAKACH				1212312026	
Signature of Authorized Person					
and the same of th					

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2020