



State of Rhode Island

Department of State - Business Services Division

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.

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BUS SVCS DIV
2020 DEC 28 P 1:30

1. Entity ID Number 001688667		2. Exact name of the Limited Liability Company NEWPORT EXPRESS, LLC <i>mart</i>			
3. NAICS Code 445120		4. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 72 CREST DRIVE		City CRANSTON		State RI	Zip 02921
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KHALIQ UZZAMAN			Contact Title MANAGER		
Street Address 72 CREST DRIVE		City CRANSTON		State RI	Zip 02921
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 ☐					
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 KHALIQ UZZAMAN				Date 12/23/2020	
Signature of Authorized Person <i>Khalique J</i>					

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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BY *CM ABTD5*
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