



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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

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STAMP

1. Entity ID Number 000559658		2. Exact name of the Limited Liability Company ROZI LLC			
3. NAICS Code 447110		4. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE WITH GAS STATION			
5. State of Formation RI					
6. Principal Office Address 970 WILLETT AVENUE			City RIVERSIDE	State RI	Zip 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MOHAMMAD I JAVED			Contact Title OFFICER		
Street Address 970 WILLETT AVENUE			City RIVERSIDE	State RI	Zip 02915
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 MOHAMMAD I JAVED				Date 03-03-21	
Signature of Authorized Person 					

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MAR 08 2021

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov