



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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Annual Report for the year: 2020  
Limited Liability Company

APR 06 2021

BY 2464

- 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><b>1099766</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>AISHA LLC</b>                                               |                                     |                           |                     |
| 3. NAICS Code<br><b>945120</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Convenience Store/Gasoline</b> |                                     |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                  |                                     |                           |                     |
| 6. Principal Office Address<br><b>1100 Main Street</b>                                                                                                                                                      |       |                                                                                                                  | City<br><b>Coventry</b>             | State<br><b>RI</b>        | Zip<br><b>02816</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                  |                                     |                           |                     |
| Contact Name<br><b>Mian U. Saleem</b>                                                                                                                                                                       |       |                                                                                                                  | Contact Title<br><b>Sole Member</b> |                           |                     |
| Street Address<br><b>1100 Main Street</b>                                                                                                                                                                   |       |                                                                                                                  | City<br><b>Coventry</b>             | State<br><b>RI</b>        | Zip<br><b>02816</b> |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                  |                                     |                           |                     |
| <b>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.</b> |       |                                                                                                                  |                                     |                           |                     |
| Name of Authorized Person<br><b>Mian U Saleem</b>                                                                                                                                                           |       |                                                                                                                  |                                     | Date<br><b>10/29/2020</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                  |                                     | SIGN DOCUMENT HERE        |                     |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov