RI SOS Filing Number: 202104925540 Date: 11/10/2021 4:00:000 PM-EIVED

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State of Rhode Island

Department of State - Business Services Division

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FUEL TO FORES OF FUEL

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.

	<u> </u>				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001678995	Sin had it advises to the same of the same				
3 NAICS Code	Sinbad Industries Group L3C				
	4. Brief description of the character of business conducted in Rhode (class)				
999999	Grant C Tanda O C				
5. State of Formation	Exports Trade of Spare parts				
DI	Ì		, , , , ,	–	
165	1				
6. Principal Office Address	-		City		
1826 old lou	sold Coursquisset pike			State	Zip
7 Mailing Address -51:	-433	(2) L.46	1 - 1 - 1 - 3 (1)	122	02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name					
			Contact Title		
Street A & C			OW 100		
_ 1820 01d (erisq u	i's Cet Did	cin Cincoln	State 26	Zip Call
8. List ALL managers (names ar	nd addresses) of	the Limited Links	r Green	KY	2865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name					
Street Address			Street Address		
) once mulgas		
City	State ,	Zip	City	T _{P4-4} -	T
Manager Name		(1	State	Zip
World Halle	·		Manager Name		
Street Address					
			Street Address		
City	State	Zip	G:		
		EID.	City	State	Zip
		<u> </u>			
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 exercised by					
Under penalty of perjury, I deci	are and affirm	that I have ever	repartment or State is accurate. C	hanges require fil	ling Form 642.
statements, and that all statem	ents contained	herein are true	ined this report, including any	accompanying s	chedules and
Name of Authorized Person					
Monamed Hassan					11001
Signature of Authorized Person					
	wy				

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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 NOV 1 0 2021 BY CM W48 JO