	Rhode Island	Fee: \$50.00
	Secretary of State Business Services	
	River Street	
	RI 02904-2615 222-3040	
Limited Liability Company		
Annual Report Filing Period: February 1 - May 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or		
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2023		
1. ID No. <u>001744720</u>		
2. Exact Name of the Limited Liability Company <u>Abid LLC</u>		
3. State of Formation		
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>531120</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
REAL ESTATE OWNERSHIP		
5. Principal Office Address		
No. and Street: <u>173 DANIELSON PIKE</u>		
City or Town: <u>FOSTER</u>	State: <u>RI</u> Zip: <u>02825</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
	MBER	
No. and Street:141 DANIELSON PIKECity or Town:NORTH SCITUATE	State: <u>RI</u> Zip: <u>02857</u> Cou	ntry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
ZESHAN ABID 141 DANIELSON PIKE NORTH SCITUATE , RI 02857		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of February, 2023 at 5:13:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ZESHAN ABID</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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