RI SOS Filing Number: 202330139210 Date: 3/6/2023 3:04:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

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Annual Report for the year:  $\frac{2023}{}$ **Limited Liability Company** 

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| . Entity ID Number 2. Exact name of the Limited Liability Company |   |   |                          |                      |
|---|---|---|--------------------------|----------------------|
| ·   |   |   |                          |                      |
| 000821279   | Murex LLC   |   |                          |                      |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |   |                          |                      |
| 424720  | Marketer & Distributor of Ethanol, Crude, and Other Petroleum Products      |   |                          |                      |
| 5. State of Formation   |   |   |                          |                      |
| Texas   |   |   |                          |                      |
| 6. Principal Office Address                                       |   | City  | State                    | Zip                  |
| 7160 N. Dallas Parkway, Suite 300                                 |   | Plano   | TX                       | 75024                |
| 7. Mailing Address of Limited                                     | Liability Company and Name  | or Title of Contact Person                        |                          |                      |
| Contact Name Candice Dorwish                                      |   | Contact Title Director of Tax                     |                          |                      |
| Street Address 7160 N. Dallas Parkway, Suite 300                  |   | City Plano  | State TX                 | <sup>Zip</sup> 75024 |
| 8. The Resident Agent inform                                      | nation currently of record with t   | the RI Department of State is a                   | ccurate. Changes require | e filing Form 642.   |
|   | declare and affirm that I hav<br>atements contained herein a                | e examined this report, inclure true and correct. | ding any accompanying    | g schedules and      |
| Name of Authorized Person   |   |   | Date                     |                      |
| Candice Dorwish   |   |   | 02/09/2023               |                      |
| Signature of Authorized Per                                       | són )   |   |                          |                      |

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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