RI SOS Filing Number: 202339754540 Date: 7/25/2023 4:00:00 PM

Annual Report for the Limited Liability Com  → Filing period: February  → Filing Fee: \$50.00	State - Business Ser e year:	•		RECEIVED R.I. DEPT. OF STA BUS SVCS DIV	
1. Entity ID Number 000 90 6633	2. Exact name of the Limit	CleC			
B. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation RI	grocery	STOM.			
6. Principal Office Address		City	State	Zip	
527 Pontiac And		Crows tra	Pe	02910	
7. Mailing Address of Limiter	d Liability Company and Name	or Title of Contact Person			
Contact Name QUDRAT TAR'O		Contact Title of ficer			
Street Address Rg NowPles AVT		CIN WOTWICK	State RT	Zip 0288%	
8. The Resident Agent inform	nation currently of record with	the RI Department of State is accurr	ate. Changes requir	e tung Porm 042.	
Hader penelty of periury	declare and affirm that I hav atements contained herein a	re examined this report, including	any accompanyin		
Name of Authorized Person DUDRAT TARIF			Date 7 - 2	5-203	

WURRT TARIA

**FILED** 

JUL 25 2023

BY JVD8H

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Signature of Authorized Person

FORM 632 - Revised: 2/2023