



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

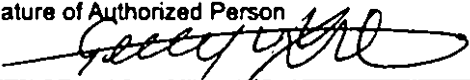
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number 001706438		2. Exact name of the Limited Liability Company AVA SHENOUDA LLC	
3. NAICS Code 445120		4. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE	
5. State of Formation RI			
6. Principal Office Address 1243 ATWOOD AVENUE		City JOHNSTON	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name GEORGE YANNA		Contact Title MANAGER	
Street Address 1243 ATWOOD AVENUE		City JOHNSTON	State RI
		Zip 02919	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person GEORGE YANNA		Date 02/22/2024	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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