

State of Rhode Island

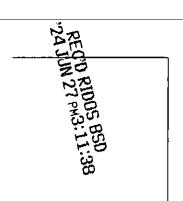
Department of State - Business Services Division

Annual Report for the year: **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.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
001698995	SANO LLE			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
713290 5. State of Formation	CONVETENCE STORE			
RI				
6. Principal Office Address		City	State	Zip
626 OACHIND BEACH AVE		WARUZCH	RZ	02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
SARFARAZ NAWAZ				
Street Address		City	State	Zip
626 OACHLADD BEACH AVE		WARWICH	RT	02889
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			Date	
SAMPARAZ NAWAZ			6-27-2024	
Signature of Authorized Person				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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