		e of Rhode Isl the Secretary		Fee: \$50.0
		on Of Business S		
		48 W. River Stre		
	Provi	dence RI 02904-	-2615	
1636		(401) 222-3040		
Limited Liability Compa Annual Report Filing Period: February 1 - I	-			
In accordance with R.I.G.L. refusing to file its annual re law (R.I.G.L. 7-16-66(b&c))	port within thirty (3	30) days after the	e time prescribed	
ANNUAL REPORT YEAR -	ENTER THE CURF	RENT YEAR 202	24 : <u>2024</u>	
1. ID No. <u>001762907</u>				
2. Exact Name of the Limited Liability Company <u>AL NOOR DISTRIBUTOR LLC</u>				
3. State of Formation				
State: <u>RI</u>				
	1	NAICS CODE		
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.				
424940				
4. Brief Description of the Island	Character of the	Business Which	is Actually Con	ducted in Rhode
WHOLESALE TOBACC	O PRODUCTS			
5. Principal Office Addres	S			
No. and Street: 40 I	RICE STREET			
City or Town: PRO	DVIDENCE	State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Com	pany and Name	or Title of Conta	ct Person:
Contact Name: Contact Title:				
	RICE ST			
City or Town: <u>PR</u>	OVIDENCE	State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>US</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
MUHAMMAD NOMAN 40 RICE STREET PROVIDENCE , RI 02907				

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

Signed this 29 Day of July, 2024 at 10:44:51 AM 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>MUHAMMAD NOMAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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