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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2020

-> 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			
000143695	HAMZA, LLC			
3 NAICS Code	Brief description of the character of business conducted in Rhode Island			
445120	CONVENIENCE STORE			
5. State of Formation	7			
СТ				
6. Principal Office Address	<u> </u>	City	State	Zip
236 CHURCH AVENUE		WARWICK	RI	02889
7. Mailing Address of Limited L	iability Company and Name	or Title of Contact Person		
Contact Name AMJAD BUTT		Contact Title		
Street Address 236 CHURCH AVENUE		City WARWICK	State	^{Zip} 02889
8. The Resident Agent informa	tion currently of record with the	ne RI Department of State is accur	ate. Changes requir	e filing Form 642.
9. Under penalty of perjury, i statements, and that all state		eve examined this report, include true and correct.	ng any accompan	ying schedules and
Name of Authorized Person			Date	
AMJAD BUTT			8/23/2024	
Signature of Authorized Person	Ion com		•	

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AUG 2 3 2024

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 5F& WY