



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 JUL 10 AM 11:18:08

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.

|                                                                                                                                                                                                         |  |                                                                                                                                                  |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. Entity ID Number<br><b>1732623</b>                                                                                                                                                                   |  | 2. Exact name of the Limited Liability Company<br><b>AK PLUS LLC</b>                                                                             |                                            |
| 3. NAICS Code<br><b>424990</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>online wholesale Trading of miscellaneous nondurable goods</b> |                                            |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                            |  |                                                                                                                                                  |                                            |
| 6. Principal Office Address<br><b>34 Squantum Dr</b>                                                                                                                                                    |  | City<br><b>MIDDLETOWN</b>                                                                                                                        | State<br><b>R.I</b><br>Zip<br><b>02842</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                  |                                            |
| Contact Name<br><b>ABBAS KHURSHID</b>                                                                                                                                                                   |  | Contact Title<br><b>owner</b>                                                                                                                    |                                            |
| Street Address<br><b>34 Squantum Dr</b>                                                                                                                                                                 |  | City<br><b>MIDDLETOWN</b>                                                                                                                        | State<br><b>R.I</b><br>Zip<br><b>02842</b> |
| 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<br><b>ABBAS KHURSHID</b>                                                                                                                                                      |  | Date<br><b>7/9/25</b>                                                                                                                            |                                            |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                                  |                                            |

FILED

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BY Q8XNA  
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MAIL TO:

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