



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 CORPORATIONS DIV

2018 SEP -6 AM 11:04

Annual Report for the year: 2018
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|--------------------|--|---------------------------|--------------------------|---------------------|
| 1. Entity ID Number 165 9058 | | 2. Exact name of the Limited Liability Company AL MADWA LLC | | | |
| 3. NAICS Code 561520 | | 4. Brief description of the character of business conducted in Rhode Island Tourism/guide for pilgrims to holy site. | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 130 central st | | City Providence | State RI | Zip 02938 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name FARBA SAMR | | Contact Title Manager | | | |
| Street Address 130 central st | | City Providence | State RI | Zip 02938 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name FARBA SAMR | | Manager Name IKRAM UL HOB | | | |
| Street Address 130 central st | | Street Address 130 central st | | | |
| City Providence | State RI | Zip 02938 | City Providence | State RI | Zip 02938 |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 FARBA SAMR | | | | Date 9/06/2018 | |
| Signature of Authorized Person | | | | | |

FILED

SEP 06 2018

BY NWGOY

MAIL TO:
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 Website: www.sos.ri.gov