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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV 2019 JUN 20 PM 12: 54

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 1669497		2. Exact name of the Limited Liability Company Z A ROUHANA LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
811111	AUTOMOT	AUTOMOTIVE REPAIR				
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
760 EAST WASHINGTON STREET			NORTH ATTLEBORO	MA	02760	
7. Mailing Address of Limited	Liability Compa	iny and Name or	Title of Contact Person			
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY			
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	^{Zip} 02865	
8. List ALL managers (name	es and addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	L		Check the box to indicate an attachment			
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of State	e. Changes require fi	ling Form 642.	
Under penalty of perjury, statements, and that all st	l declare and afi	firm that I have ined herein are	examined this report, including true and correct.	any accompanyi	ing schedules and	
Name of Authorized Person					1., / -	
ZIAD ROUHANA				6/	14/19	
Signature of Authorized Per	rson	SIC SIC	N. DOCUMERT (# P).			
		/		FILED		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 0 2019 BY SX9MN