



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: **2019**  
 Corporation

2019 FEB 11 AM 8:37

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000096856</b>		2. Exact name of the Corporation <b>A &amp; B Convenience &amp; Deli, Inc.</b>			
3. Principal Office Address <b>1245 Chalkstone Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate a convenience store and deli at 1245 Chalkstone Ave, Providence, RI, to sell miscellaneous items</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mohammed Hachem</b>			Vice-President Name <b>Mamdouh A. Amer</b>		
Street Address <b>1245 Chalkstone Avenue</b>			Street Address <b>1245 Chalkstone Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Mohammed Hachem</b>			Treasurer Name <b>Mohammed Hachem</b>		
Street Address <b>1245 Chalkstone Avenue</b>			Street Address <b>1245 Chalkstone Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>\$100.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>Mohammed Hachem</b>					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**FEB 11 2019 8:37**

FORM 630 - Revised: 10/2017

BY 624/25