



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

**Annual Report for the year: 2021**  
**Corporation**

**STAMP**

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

RECEIVED FOR SECRETARY OF STATE  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 FEB -2 A 2:42

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 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
		<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. <i>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.</i>			
Name of Authorized Representative <b>Mohammed Hachem</b>			Date <b>1-26-21</b>
Signature of Authorized Representative 		SIGN DOCUMENT HERE <b>FILED</b>	

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

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 BY CL 3970