RI SOS Filing Number: 202216820470 Date: 4/22/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF S BUS SVCS DIV

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Annual Report for the year: Corporation

2022 APR 22 A 8: 5 APR 22 2022

Filing period February 1 - May 1

Filing Fee. \$50.00
Penalty: Additional \$25.00 fee if fo

Penalty: Addition	onai \$25 00 fee i	t torm is not filed	i by May 31.			Ω S	
Entity ID Number 000096856	Exact name of the Corporation A & B Convenience & Deli Inc.						
Principal Office Address Chalkstone Avenue	*		City Providence	,	State RI	Zip 02908	
4. NAICS Code 445120	Brief description of the character of business conducted in Rhode Island convenience store						
5. State of Incorporation RI	<u> </u>						
7. List ALL officers (names and ad	7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Mohammed Hachem			Vice-President Name Mamdouh Amer				
Street Address 1245 Chaikstone Avenue			Street Address 1245 Chalkstone Avenue				
City Providence	State Ri	Z [·] p 02908	City Providence		State RI	Zip 02908	
Secretary Name Mohammed Hachem			Treasurer Name Monammed Hachem				
Street Address 1245 Chalkstone Avenue		Street Address 1245 Chalkstone Ave					
City Providence	State RI	Z .p 02908	City Providence		State Ri	Zıp 02908	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						dicate an attachment	
Director Name Director Name							
Street Acdress		Street Address					
City	State	Z·ρ	C.ty		State	Zıp	
Director Name		Director Name					
Street Acdress		Street Address					
City	State	Zıp	City		State	Zıp	
9. Shares Authorized	10. Shares Issued			Check the box to indicate an attachment			
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SER ES Common		100	
			•				
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. 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 Representative

Mohammed Hachem

Signature of Authorized Regresentative

Division of Business Services

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

Phone: (401) 222-3040