



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>108059</u>		2. Name of Corporation <u>Pick 'n Pay Food Mart / Smoke Shop, INC.</u>		
3. Street Address Principal Business Office <u>300 Hope street</u>		City <u>Bristol</u>	State <u>R.I</u>	Zip <u>02809</u>
4. Business Phone No. <u>401-2545827</u>		5. State of Incorporation <u>R.I</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Convenience store and smoke shop</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Muhammad Yasin</u>		Vice President Name <u>Muhammad Yasin</u>		
Street Address <u>300 Hope street</u>		Street Address <u>300 Hope street</u>		
City <u>Bristol</u>	State <u>R.I</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>R.I</u>
Secretary Name <u>Muhammad Yasin</u>		Treasurer Name <u>Muhammad Yasin</u>		
Street Address <u>300 Hope street</u>		Street Address <u>300 Hope street</u>		
City <u>Bristol</u>	State <u>R.I</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>R.I</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>Same As Above</u>		Director Name <u>Same As Above</u>		
Street Address <u>Same As Above</u>		Street Address <u>Same As Above</u>		
City <u>Same As Above</u>	State <u>Same As Above</u>	Zip <u>Same As Above</u>	City <u>Same As Above</u>	State <u>Same As Above</u>
Director Name <u>Same As Above</u>		Director Name <u>Same As Above</u>		
Street Address <u>Same As Above</u>		Street Address <u>Same As Above</u>		
City <u>Same As Above</u>	State <u>Same As Above</u>	Zip <u>Same As Above</u>	City <u>Same As Above</u>	State <u>Same As Above</u>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<u>1,000</u>	<u>Comm</u>	<u>Par Value</u>	<u>1,000</u>	<u>Comm</u>
				<u>No Par</u>

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.

File Date	FILED
Check No.	<u>FEB 08 2008</u>
By:	<u>By 2002 mme</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Muhammad Yasin Date 2-6-08
Print or Type Name Muhammad Yasin
Title President