



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

293950

GANO MART, INC.

3. Street Address Principal Business Office

City

State

Zip

149 GANO STREET

PROVIDENCE

RI

02906

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(507) 761-6184

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

OPERATE CONVENIENCE STORE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

BASAM ALMARAWI

ZIAD SALHA

Street Address

Street Address

220 FULLER STREET

149 GANO STREET

City

State

Zip

City

State

Zip

PAWTUCKET

RI

02861

PROVIDENCE

RI

02906

Secretary Name

Treasurer Name

ZIAD SALHA

BASAM ALMARAWI

Street Address

Street Address

149 GANO STREET

220 FULLER STREET

City

State

Zip

City

State

Zip

PROVIDENCE

RI

02906

PAWTUCKET

RI

02861

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

NONE

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

NONE

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100

STK

10.00

100

STK

10.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2-5-2010

Check No.: 9728

By: mnc

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Basam Almarawi 02/04/2010

Print or Type Name of Officer: BASAM ALMARAWI

Title of Officer: PRESIDENT