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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 2010

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.	2. Name of Corporation
162622	AMMOURI BROTHERS INCORPORATED

3. Street Address Principal Business Office	City	State	Zip
3381 EAST MAIN ROAD	PORTSMOUTH	RI	02871

4. Business Phone No	5. State of Incorporation
401-683-3844	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
GAS STATION-CONVENIENCE STORE

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

President Name			Vice President Name		
ZIAD S. AMMOURI			EDMOND S. AMMOURI		
Street Address			Street Address		
7 STONEGATE ROAD			7 STONEGATE ROAD		
City	State	Zip	City	State	Zip
WARREN	RI	02885	WARREN	RI	02885
Secretary Name			Treasurer Name		
WADIH S. AMMOURI			WADIH S. AMMOURI		
Street Address			Street Address		
464 BANK STREET			464 BANK STREET		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02720	FALL RIVER	MA	02720

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

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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
12500	STK	.01

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.

[redacted]

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 _____ Date 1/20/10

ZIAD S. AMMOURI
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date FEB 18 2010
Check No.
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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