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: 7 STONEGATE ROAD	Street Address: 7 STONEGATE ROAD
City: WARREN, State: RI, Zip: 02885	City: WARREN, State: RI, Zip: 02885
Secretary Name: WADIH S. AMMOURI	Treasurer Name: WADIH S. AMMOURI
Street Address: 464 BANK STREET	Street Address: 464 BANK STREET
City: FALL RIVER, State: MA, Zip: 02720	City: FALL RIVER, State: MA, Zip: 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] [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 1/20/10 *Date*

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