



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 2011

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. D0528		2. Name of Corporation NOAH + SALEM INC.			
3. Street Address Principal Business Office 401 BROADWAY			City PROV	State RI	Zip 02904
4. Business Phone No. 401 828 7336		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Convenience Store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mohammed Salem			Vice President Name		
Street Address 51 W. WARWICK ST			Street Address		
City W. WARWICK	State RI	Zip 02843	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mohammed Salem			Director Name		
Street Address 51 W. WARWICK ST			Street Address		
City W. WARWICK	State RI	Zip 02843	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000 NO PAR VALUE					
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares 1000		Class/Series COM	Par Value N/A

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.

Signature Mohammed Salem Date 1-3-11
Print or Type Name Mohammed Salem
Title President

File Date	FILED
Check No.	JAN 19 2011
By:	<u>2838</u>
FOR SECRETARY OF STATE USE ONLY	