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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 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	2. Name of Corporation		
142775	Fior, Inc.		
3. Street Address Principal Business Office	City	State	Zip
465 Pine Street	Providence	RI	02907
4. Business Phone No.	5. State of Incorporation		
401-272-6611	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			Vice President Name		
Franklin Paulino			Crolly Rodriguez		
Street Address			Street Address		
17365 SW 31ST COURT			9 MARLBOROUGH AVENUE, APT 2		
City	State	Zip	City	State	Zip
Miramar	FL	33029	Providence	RI	02907
Secretary Name			Treasurer Name		
Crolly Rodriguez			Franklin Paulino		
Street Address			Street Address		
9 MARLBOROUGH AVENUE, APT 2			17365 SW 31ST COURT		
City	State	Zip	City	State	Zip
Providence	RI	02907	Miramar	FL	33029

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
10		NO PAR

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]

FILED

File Date FEB 02 2011

Check No.

By: BY

582554155888881 SECRETARY OF STATE USE ONLY

[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*

Crolly Rodriguez
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 08/08