



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 194519		2. Exact name of the Corporation IHABCH654, INC.			
3. Principal office address 232 BROADWAY		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 662-6161		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL CONVENIENCE AND SUNDRIES SOLD TO GENERAL PUBLIC					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name IHAB CHAMSEDDINE			Vice-President Name ASHRAF CHAMSEDDINE		
Street Address 129B NIAGARA ST.			Street Address 21 WOOD RD.		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name			Treasurer Name ABIR CHAMSEDDINE		
Street Address			Street Address 129B NIAGARA ST.		
City	State	Zip	City MIDDLETOWN	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name IHAB CHAMSEDDINE			Director Name ASHRAF CHAMSEDDINE		
Street Address 129B NIAGARA ST.			Street Address 21 WOOD RD.		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name ABIR CHAMSEDDINE			Director Name		
Street Address 129B NIAGARA ST.			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	CLASS/SERIES	PAR VALUE
			8000	COMMON	NO PAR VALUE

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.

File Date _____

Check No _____

By: _____

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FILED

FEB 10 2012

Form No. 630
Revised: 01/2012

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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.

X _____
Signature of Authorized Representative Date **02/09/2012**

IHAB CHAMSEDDINE

Print or Type Name of Authorized Representative