



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 2012

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. 150410		2. Exact name of the Corporation OAKLAWN MART, INC.		
3. Principal office address 644 OAKLAWN AVE		City CRANSTON	State RI	Zip 02920
4. Business Phone No. 275-4994		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE WITH SELF SERVE GASOLINE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name KHALIQ UZZAMAN		Vice-President Name		
Street Address 72 CREST DRIVE		Street Address		
City CRANSTON	State RI	Zip 02921	City	State Zip
Secretary Name SADIA UZZAMAN		Treasurer Name		
Street Address 72 CREST DRIVE		Street Address		
City CRANSTON	State RI	Zip 02921	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name KHALIQ UZZAMAN		Director Name		
Street Address 72 CREST DRIVE		Street Address		
City CRANSTON	State RI	Zip 02921	City	State Zip
Director Name SADIA UZZAMAN		Director Name		
Street Address 72 CREST DRIVE		Street Address		
City CRANSTON	State RI	Zip 02921	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		200	CNP	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.

FILED

File Date **MAR 02 2012**
 Check No. **1190**
 By: _____

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 of Authorized Representative **Khaliq Uzzaman** Date **02/29/2012**

KHALIQ UZZAMAN
 Print or Type Name of Authorized Representative

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