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.	2. Exact name of the Corporation
661128	PRIME FOOD MART ,INC

3. Principal office address	City	State	Zip
2862 HARTFORD AVENUE	JOHNSTON	RI	02919

4. Business Phone No.	5. State of Incorporation
401-722-1200	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
GAS STATION &CONVENIENCE STORE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
HASSIN T KHAN	35 BISHOP HILL RD	JOHNSTON	RI	02919

Vice-President Name	Street Address	City	State	Zip
HASSIN T KHAN	35 BISHOP HILL RD	JOHNSTON	RI	02919

Secretary Name	Street Address	City	State	Zip
HASSIN T KHAN	35 BISHOP HILL RD	HOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
HASSIN T KHAN	35 BISHOP HILL RD	JOHNSTON	RI	02919

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CMP	0.000

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 29 2012
167622
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.

Hassin Khan — 03/27/2012
Signature of Authorized ~~Representative~~ — Date

HASSIN TA KHAN — PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

RECEIVED
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SECRETARY OF STATE
CORPORATIONS DIV