



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. <u>576822</u>		2. Exact name of the Corporation <u>ISO INC</u>		
3. Principal office address <u>527 PONTIAC AVE</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
4. Business Phone No. <u>(401) 781-8850</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>CONVIENCE STORE</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>OMAR MUKHTAR</u>		Vice-President Name <u>IMRAM YASEEM</u>		
Street Address <u>825 Pontiac Ave APT# 3301</u>		Street Address <u>825 Pontiac Ave APT# 3301</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>CRANSTON</u>	State <u>RI</u>
Secretary Name <u>SAAD MUKHTAR</u>		Treasurer Name		
Street Address <u>825 Pontiac Ave APT# 3301</u>		Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <u>0</u>	CLASS/SERIES	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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JUL 13 2012

BY 1628

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]
Signature of Authorized Representative Date _____

OMAR MUKHTAR
Print or Type Name of Authorized Representative