



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 2013

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. 119949		2. Exact name of the Corporation L & B Variety, Inc.		
3. Principal office address 367 Fairmont Street		City Woonsocket	State RI	Zip 02895
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own, manage and control a convenience store.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Samir Soulaiman		Vice-President Name		
Street Address 93 Vivian Avenue		Street Address		
City Pawtucket	State RI	Zip 02860	City	State
Secretary Name Alicia Ead		Treasurer Name		
Street Address 464 Academy Avenue		Street Address		
City Providence	State RI	Zip 02908	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Samie Soulaiman		Director Name		
Street Address 93 Vivian Avenue		Street Address		
City Pawtucket	State RI	Zip 02860	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.				
		100	none	none

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

FEB 06 2013

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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.

Signature of Authorized Representative

Date

Samie Soulaiman, President

Print or Type Name of Authorized Representative

1-20-13