

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 _

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

Filing Fee: \$50.00 • FA			MINUTURE TEC	OEI NA WEG.DO I EN		
1. Entity ID No.	2. Exact name of the Corporation East Lake Variety, Inc.					
524060	Lasi Lai	ne variety, inc.				
3. Principal office address 750 East Road				State RI	Zip 02878	
4. Business Phone No.			5. State of Incorporation Rhode Island			
6. Brief description of the chara To operate a convenie		conducted in Rhode Island			· · · · · · · · · · · · · · · · · · ·	
AUST ALL OFFICERS (NAM	MES AND ADDRE	SSES) ("X" BOX FOR AT	TACHMENT)			
President Name Aamer Khan			Vice-President Name Aamer Khan			
Street Address 750 East Road			Street Address 750 East Road			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878	
ocretary Name Aamer Khan		Treasurer Name Aamer Khan				
Street Address 750 East Road			Street Address 750 East Road			
City Tiverton	State RI	Zip 02878	City State RI		Zip 02878	
B. LIST ALL DIRECTORS (NA	MES AND ADDI	RESSES) ("X" BOX FOR				
Director Name Aamer Khan			Director Name N/A	- W		
Street Address 750 East Road			Street Address			
City Tiverton	State RI	Zip 02878	City	State	Zip	
Director Name N/A			Director Name N/A			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUE	D'("X" BOX FOR ATTAC	CHMENT)	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
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	
This report must be executed	on behalf of the o	corporation by an authorize st be executed on behalf of	ed representative. If the the corporation by the	corporation is in the han receiver or trustee.	as of a receiver or trustee	
- - (2) エティングの 機能能 の(2) - デラクタ	Toport mas	FILED	Under penalty of r	perjury, i declare and af	firm that I have examine	
File Date			this report, includ	ing any accompanying nents contained herein	schedules and stateme	
Check No		FEB 1 4 2013	Aamel H		2/8/13	
Bv.	• 0077			Signature of Authorized Representative Date		

Aamer Khan, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

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