



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. <u>000694060</u>		2. Exact name of the Corporation <u>Shop AND Go inc</u>			
3. Principal office address <u>216 Union Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02919</u>
4. Business Phone No. <u>401-481-6933</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Convenience Store</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name <u>Kalida Solomon</u>			Vice-President Name		
Street Address <u>75 Elm St</u>			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Johnston			Treasurer Name		
Street Address Johnston <u>75 Elm St</u>			Street Address		
City	State	Zip	City	State	Zip
<u>Johnston</u>	<u>RI</u>	<u>02919</u>			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
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
			<u>100</u>	<u>0</u>	

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 STATE OF RHODE ISLAND
 CORPORATIONS DIV

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

APR 15 2013

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.

Kalida Solomon 04-15-13
 Signature of Authorized Representative Date

KALIDA SOLOMAN
 Print or Type Name of Authorized Representative

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

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