



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. 146050		2. Exact name of the Corporation Mahrukh, Inc.			
3. Principal office address 215 Broadway		City Providence		State RI	Zip 02903
4. Business Phone No. 401 272-3900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The operation of one or more 7-11 Stores					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mohammed Malik			Vice-President Name Sumbul Malik		
Street Address 50 Cynthia Lane			Street Address 50 Cynthia Lane		
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
Secretary Name Mohammed Malik			Treasurer Name Mohammed Malik		
Street Address 50 Cynthia Lane			Street Address 50 Cynthia Lane		
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Nihal Malik			Director Name Mohammed Malik		
Street Address 50 Cynthia Lane			Street Address 50 Cynthia Lane		
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 \$.01 par value					
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	CLASS/SERIES	PAR VALUE
			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 _____

FILED

Check No. _____

AUG 02 2013

By: _____

49-203122

FOR SECRETARY OF STATE USE ONLY

A. A.

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.

M. A. Malik
Signature of Authorized Representative

2/2/13
Date

Mohammed Malik

Print or Type Name of Authorized Representative
President