



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 2014

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. 42849		2. Exact name of the Corporation Hawk Enterprises, Inc.			
3. Principal office address 119 Greenville Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401.231.9694		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Import, export, sell at wholesale and/or retail general items of commerce; to conduct the business of filing & service station including dealing in gasoline and all other petroleum products; to repair & recondition vehicles.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elie N. Sakr			Vice-President Name Mima Daou Sakr		
Street Address 49 Wilson Street			Street Address 12 Gamma Court		
City Johnston	State RI	Zip 02919	City North Providence	State RI	Zip 02911
Secretary Name Pierre Sakr			Treasurer Name Elie N. Sakr		
Street Address 12 Gamma Court			Street Address 49 Wilson Street		
City North Providence	State RI	Zip 02911	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Elie N. Sakr			Director Name		
Street Address 49 Wilson Street			Street Address		
City Johnston	State RI	Zip 02919	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) <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
			1000	COMMON	no par

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

DEC 27 2013

BY **CK** 11369

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

Elie N. Sakr, President

Print or Type Name of Authorized Representative