



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. 150410		2. Exact name of the Corporation OAKLAWN MART, INC.			
3. Principal office address 644 OAKLAWN AVE		City CRANSTON		State RI	Zip 02920
4. Business Phone No. 401-261-0401		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE WITH SELF SERVE GASOLINE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name KHALIQ UZZAMAN			Vice-President Name		
Street Address 72 CREST DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name SADIA UZZAMAN			Treasurer Name		
Street Address 72 CREST DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name KHALIQ UZZAMAN			Director Name		
Street Address 72 CREST DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name SADIA UZZAMAN			Director Name		
Street Address 72 CREST DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	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
			200	CNP	NO PAR VALUE

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

JAN 13 2014

BY 1797

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

01/09/2014

KHALIQ UZZAMAN

Print or Type Name of Authorized Representative