

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 160750		2. Name of Corporation Welcome Food Mart & Smoke Shop, Inc.				
3. Street Address Principal Business Office 1081 Atwells Avenue			City Providence	State RI	^{Zip} 02909	
4. Business Phone No. 5. State of Incorporation 401 490-9544 Rhode Island						
6. Brief Description of the Characte Convenience Store	r of Business Conducted in I	Rhode Island				
7. NAMES AND ADDRESSE President Name	S OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Mohammed Javed						
Street Address 290 Palace Avenue			Street Address			
City Warwick	State RI	^{Zip} 02886	City	State	Zip	
Secretary Name Umelaila Javed			Treasurer Name Mohammed Javed			
Street Address 290 Palace Street			Street Address 290 Palace Street			
Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS 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 ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	mber of Shares Class/Series Par Value		Number of Shares	Class/Series	Par Value	
1000	Common ().01	100	Common	.01	
This report must be executed this report must be executed	on behalf of the corp on behalf of the corpo	oration by an authorize oration by the receiver of FILED	or trustee. Under penalty of p	erjury, I declare and affirm t	that I have examined this report,	
File DateCheck No.	BY_	MAR 1 9 2014 1014	contained herein at	e true and correct.	ntements, and that all statements Date	
			Mohammed Javed Print or Type Name			
FOR SECRETARY OF ST	TATE USE ONLY		President			
- SAGDARAN OF OF	VATER .		Title		Form 630 Rev. 12/06	