



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 **2015**

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. 524060		2. Exact name of the Corporation East Lake Variety, Inc.			
3. Principal office address 750 East Road		City Tiverton	State RI	Zip 02878	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate a convenience store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Aamer Khan		Vice-President Name Aamer Khan			
Street Address 750 East Road		Street Address 750 East Road			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Aamer Khan		Treasurer Name Aamer Khan			
Street Address 750 East Road		Street Address 750 East Road			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Aamer Khan		Director Name N/A			
Street Address 750 East Road		Street Address			
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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	
		100		none	
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					

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
FEB 17 2015
1800

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.

Aamer Khan

2-10-15

Signature of Authorized Representative

Date

Aamer Khan, President

Print or Type Name of Authorized Representative