



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. 87948		2. Exact name of the Corporation SFN, Inc.				
3. Principal office address 300 Brookline Drive			City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 884-9434			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own and operate gasoline service stations						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Riad Khoury			Vice-President Name Michael Rasla			
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street			
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035	
Secretary Name Souhair Batal			Treasurer Name Ebram Rasla			
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street			
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Souhair Batal			Director Name Riad Khoury			
Street Address 300 Brookline Drive			Street Address 300 Brookline Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886	
Director Name Michael Rasla			Director Name Ebram Rasla			
Street Address 123 Mechanic Street			Street Address 123 Mechanic Street			
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035	
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
				300	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

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.

FILED

Signature of Authorized Representative

02/11/2015
 Date

FEB 17 2015

Riad Khoury
 Print or Type Name of Authorized Representative

BY 5783