



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 2016

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. 156370		2. Exact name of the Corporation BIZZWORLD INC						
3. Principal office address 214 BUTTONWOODS AVE		City WARICK	State RI	Zip 02886				
4. Business Phone No. 401-738-8331		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island CONVIENCE STORE								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name RUXI DUDHIA		Vice-President Name VISHA MODI						
Street Address 214 BUTTONWOODS AVE		Street Address SAME						
City WARWICK	State RI	Zip 02886	City	State	Zip			
Secretary Name VISHAL MODI		Treasurer Name RUXI DUDHIA						
Street Address 214 BUTTONWOODS AVE		Street Address SAME						
City WARWICK	State RI	Zip 02886	City	State	Zip			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name NONE		Director Name NONE						
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								
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
						100	COMMON	NO PAR VALE

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: _____

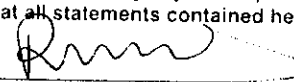
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FILED

FEB 01 2016

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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

RUXI DUDHIA (PRESIDENT)

Print or Type Name of Authorized Representative

Date

1/26/16