



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. 24419		2. Exact name of the Corporation 7-ELEVEN, INC.			
3. Principal office address 3200 HACKBERRY ROAD		City IRVING	State TX	Zip 75063	
4. Business Phone No. 972/828-72101		5. State of Incorporation TEXAS			
6. Brief description of the character of business conducted in Rhode Island RETAIL CONVENIENCE STORES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH M. DEPINTO			Vice-President Name DAVID SELTZER		
Street Address 3200 HACKBERRY ROAD			Street Address 3200 HACKBERRY ROAD		
City IRVING	State TX	Zip 75063	City IRVING	State TX	Zip 75063
Secretary Name RANKIN GASAWAY			Treasurer Name DAVID SELTZER		
Street Address 3200 HACKBERRY ROAD			Street Address 3200 HACKBERRY ROAD		
City IRVING	State TX	Zip 75063	City IRVING	State TX	Zip 75063
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH M. DEPINTO			Director Name JAY W. CHAI		
Street Address 3200 HACKBERRY ROAD			Street Address 3200 HACKBERRY ROAD		
City IRVING	State TX	Zip 75063	City IRVING	State TX	Zip 75063
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
			111,891,066	COMMON	\$.0001

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.

Julie D. Hargrove
Signature of Authorized Representative

02/09/2016

Date

JULIE D. HARGROVE, ASSISTANT SECRETARY

Print or Type Name of Authorized Representative

FILED
FEB 16 2016

BY 02/21/16/374 DS