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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.	2. Exact name of the Corporation		
119949	L & B VARIETY, INC.		
3. Principal office address: 367 FAIRMONT ST.	City: WOONSOCKET	State: RI	Zip: 02895
4. Business Phone No.: 401-766-4070	5. State of Incorporation: RHODE ISLAND		

6. Brief description of the character of business conducted in Rhode Island
TO OWN, MANAGE AND CONTROL A CONVIENCE STORE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: SAMIR SOULAIMAN			Vice-President Name		
Street Address: 93 VIVIAN AVE.			Street Address		
City: PAWTUCKET	State: RI	Zip: 02860	City	State	Zip
Secretary Name: ALICIA EAD			Treasurer Name		
Street Address: 464 ACADEMY AVE.			Street Address		
City: PROVIDENCE	State: RI	Zip: 02909	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: SAMIR SOULAIMAN			Director Name		
Street Address: 93 VIVIAN AVE			Street Address		
City: PAWTUCKET	State: RI	Zip: 02860	City	State	Zip
Director Name			Director Name		
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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	NONE	NONE

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.

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 — Date: 6-16-16

SAMIR SOULAIMAN, PRESIDENT
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

FILED 9:36
JUN 20 2016
By: 277019

Form No. 630 7-3-1118983
Revised: 01/2012

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