



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV

2016 AUG 10 AM 10:14

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
864306		A. H Providence Service Corp	
3. Principal Office Address		City	State
1025 Eddy Str.		Providence	RI
4. Business Phone Number		5. State of Incorporation	
(401) 559-9446		RI	
6. Brief description of the character of business conducted in Rhode Island			
GAS Station and Convenience Store			
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name		Vice-President Name	
Ali HAMZAGIL		Artie HAMZAGIL	
Street Address		Street Address	
1025 Eddy Str.		1025 Eddy Str.	
City	State	City	State
Providence	RI	Providence	RI
Zip	02905	Zip	02905
Secretary Name		Treasurer Name	
Funda HAMZAGIL			
Street Address		Street Address	
1025 Eddy Str.			
City	State	City	State
RI	Providence		
Zip	02905		
8. List ALL directors (names and addresses) ☐ Check the box to indicate an attachment			
Director Name		Director Name	
Ahmet Nuri HAMZAGIL			
Street Address		Street Address	
1025 Eddy Str.			
City	State	City	State
Providence	RI	RI	
Zip	02905		
9. Shares Authorized			
10. Shares Issued ☐ Check box to indicate an attachment			
NUMBER OF SHARES			
100			
CLASS/SERIES			
PAR VALUE			
0.01			
This information is currently of record in the Department of State. Changes require an additional filing.			
11. 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.			
Name of Authorized Representative			Date
Artie E. Hamzagil V. Pres			8/10/2016
Signature of Authorized Representative			
Artie E. Hamzagil			

FILED

AUG 10 2016

By 280954

A.A.