



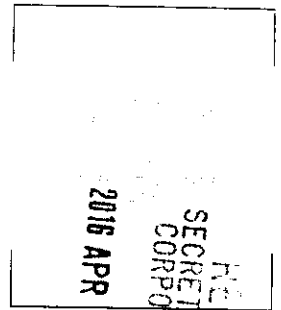
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

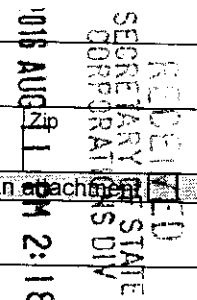
Profit Corporation Annual Report for the year: 2015

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



1. Entity ID Number <b>793169</b>		2. Exact name of the Corporation <b>Kool Zone Inc</b>	
3. Principal Office Address <b>315 Manton Ave</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone Number <b>401-861-0184</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>RI Market 1 RI Market 2 Grocery store</b>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>Bilal Mousa</b>		Vice-President Name <b>Ahmad Najib</b>	
Street Address <b>46 Hornbeam Dr</b>		Street Address <b>315 Manton Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>Mahmoud Najib</b>		Treasurer Name	
Street Address <b>46 Hornbeam Dr</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized			
10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment			
NUMBER OF SHARES <b>100</b>		CLASS/SERIES	PAR VALUE <b>0</b>
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. <b>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.</b>			
Name of Authorized Representative 		Date <b>04/13/16</b>	
Signature of Authorized Representative <b>Mahmoud Najib</b>		SIGN DOCUMENT HERE	



FILED

AUG 11 2016

By

**C11427422**  
**A.A. 2:18 PM**