RI SOS Filing Number: 201729678820 Date: 01/09/2017 4:00 PM

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

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.
2017 JAN -9 AM 10:47

1. Entity ID Number	2. Exact name of the Corporation
150098	DIXI MART INC

3. Principal Office Address	City	State	Zip
548 ATWELLS AVE	PROVIDENCE	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45	CONVENIENCE STORE, GAS STATION
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PARVEZ KHATANA	Vice-President Name: —
Street Address: 37 POTTER STREET	Street Address: —
City: CRANSTON State: RI Zip: 02910	City: — State: — Zip: —
Secretary Name: —	Treasurer Name: —
Street Address: —	Street Address: —
City: — State: — Zip: —	City: — State: — Zip: —

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:	Director Name:
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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	1000		0.01

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
PARVEZ KHATANA	01/09/2017

Signature of Authorized Representative

FILED
JAN 09 2017
By [illegible] 292592

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov