



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.

1. Entity ID Number 1340820		2. Exact name of the Corporation Maryam Corporation			
3. Principal Office Address 2699 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Operating a retail convenience store.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maqbool Babar			Vice-President Name Qudrat Tariq		
Street Address 2699 Post Road			Street Address 2699 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Maqbool Babar			Treasurer Name Qudrat Tariq		
Street Address 2699 Post Road			Street Address 2699 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name n/a			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No par value
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. <i>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.</i>					
Name of Authorized Representative Maqbool Babar					Date 2/14/17
Signature of Authorized Representative <i>Maqbool Babar</i>					FILED

FEB 14 11:12:32
 DEPT. OF STATE
 DIVISION

FEB 14 2017

By 1154 A.A.