



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 001658456		2. Exact name of the Corporation SAMIR Enterprise Inc	
3. Principal Office Address 1841 Smith Street		City No. Prov.	State RI
		Zip 02911	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Convenience store		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name AROOJ BUTT		Vice-President Name AODIQA BUTT	
Street Address 83 Burns St # 2		Street Address 1841 Smith Street	
City PROV	State RI	City No. Prov.	State RI
Zip 02904		Zip 02911	
Secretary Name		Treasurer Name Fatma Butt	
Street Address		Street Address 1841 Smith Street	
City	State	City No. Prov.	State RI
Zip		Zip 02911	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name AROOJ BUTT		Director Name Fatma Butt	
Street Address 83 Burns Street		Street Address 1841 Smith Street	
City PROV	State RI	City No. Prov.	State RI
Zip 02904		Zip 02911	
Director Name AODIQ BUTT		Director Name	
Street Address 1841 Smith Street		Street Address	
City No. Prov.	State RI	City	State
Zip 02911		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 100	CLASS/SERIES —
		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. 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 Jeffrey Maxwell CPA		Date 2/22/17	
Signature of Authorized Representative <i>Jeffrey Maxwell</i>		FILED	

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

FEB 24 2017
 BY 1156
[Signature]
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