



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 <u>122701</u>		2. Exact name of the Corporation <u>Tiverton Convenience Point, Inc.</u>	
3. Principal Office Address <u>29 Stafford Rd.</u>		City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>			
4. NAICS Code <u>44-45</u>	6. Brief description of the character of business conducted in Rhode Island <u>Conduct Business of Selling Cigarettes and Lottery, Restaurant</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rabih Salibi</u>		Vice-President Name <u>Rabih Salibi</u>	
Street Address <u>29 Stafford Rd.</u>		Street Address <u>Same</u>	
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	
Secretary Name <u>Rabih Salibi</u>		Treasurer Name <u>Rabih Salibi</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Rabih Salibi</u>		Director Name	
Street Address <u>Same</u>		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <u>100</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>No Par</u>
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 <u>Rabih Salibi</u>		Date <u>3/1/17</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAR 23 2017

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

BY

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