



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2015

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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| | | | |
|--|---|---|----------------------|
| 1. Entity ID Number 124747 | | 2. Exact name of the Corporation Nader Hajjar Corporation | |
| 3. Principal Office Address 841 Stafford Road | | City Tiverton | State RI |
| | | Zip 02878 | |
| 4. NAICS Code 44-45 | 6. Brief description of the character of business conducted in Rhode Island The operation of a convenience store & Deli | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Mohamad EL-Hajjar | | Vice-President Name None | |
| Street Address 841 Stafford Road | | Street Address None | |
| City Tiverton | State RI | City None | State None |
| Zip 02878 | | Zip None | |
| Secretary Name None | | Treasurer Name None | |
| Street Address None | | Street Address None | |
| City None | State None | City None | State None |
| Zip None | | Zip None | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Mohamad EL-Hajjar | | Director Name None | |
| Street Address 841 Stafford Road | | Street Address None | |
| City Tiverton | State RI | City None | State None |
| Zip 02878 | | Zip None | |
| Director Name None | | Director Name None | |
| Street Address None | | Street Address None | |
| City None | State None | City None | State None |
| Zip None | | Zip None | |
| 9. Shares Authorized This information is currently of record in the Department of State. 100 Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES | CLASS/SERIES |
| | | 100 | Common |
| | | None | NPV |
| | | None | None |
| 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 M. Hajjar | | Date 6/13/17 | |
| Signature of Authorized Representative | | FILED JUN 14 2017 | |
| | | BY CA 305941 | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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