

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Corporation

2017

R.I. DEPT. OF STATE BUS SYCS DIV

2017 AUG 15 AM 10: 58

→ 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	2. Exact name of the Corporation						
690343 I Si J Vourgery Store I MC  3. Principal Office Address City State Zip							
3. Principal Office Address	<del></del>		City		State	Zip	
1287 Crunston St Crawston				· · · · · · · · · · · · · · · · · · ·	IK.	L 02920	
4. NAICS Code	Brief description of the character of			conducted in Rhode Is	land		
44-45							
5. State of Incorporation	State of Incorporation Retail						
K. L	1 Craul						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name  Tougho Touge			Vice-President Name Saw				
			Street Address				
Street Address 12 87 Cyron Stor St. C City State Zip Zip Zip Zip Zip							
Crondron	State	<sup>Zip</sup> 02920	City ( V	no-13mi	State	772920	
Secretary Name	Treasurer Name						
Street Address			Street Address				
Sueet Audress			or con radiose				
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	
		·					
N. Shares Authorized 10. Shares Issued This information is currently of record in the NUMBER OF SHA							
This information is currently of record Department of State.	in the	NOMBER OF ALL	ANLO	0			
Changes require an additional filing.		100		Comme	24	NO Far	
Changes require an auditional hinig.							
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							
Martin Carpor							
Signature of Authorized Representative  SIGN DOCUMENT HERE FILED							
MAIL TO:						<del></del>	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov AUG 1 5 2017

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FORM 630 - Revised: 02/2017