



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>1037272</u>		2. Exact name of the Corporation <u>HAMZA CONVENIENCE INC</u>			
3. Principal Office Address <u>52 - EAST MAIN RD</u>			City <u>Middle Town</u>	State <u>RI</u>	Zip <u>02842</u>
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>CONVENIENCE STORE CIG. CANNY, SODA</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>IRFAN UL HASSAIN</u>			Vice-President Name		
Street Address <u>52 EAST MAIN RD</u>			Street Address		
City <u>Middle Town</u>	State <u>RI</u>	Zip <u>02842</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>IRFAN - UL - HASSAIN</u>			Director Name		
Street Address <u>52 EAST MAIN RD</u>			Street Address		
City <u>Middle Town</u>	State <u>RI</u>	Zip <u>02842</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<u>0</u>		<u>0</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>IRFAN - UL - HASSAIN</u>				Date <u>09.18.2017</u>	
Signature of Authorized Representative <u>IRFAN UL HASSAIN</u>					

**FILED**

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