State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 10 PM 3:03

Annual Report for the year: 2018

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	2. Exact name of the Corporation			
150098	DIXI MART INC			
3. Principal Office Address		City	State	Zip
548 ATWELLS AVE		PROVIDENCE	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445120	CONVENIENCE STORE, GAS STATION			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PARVEZ M KHATANA			Vice-President Name: —		
Street Address: 37 POTTER STREET			Street Address: —		
City: CRANSTON	State: RI	Zip: 02910	City: —	State: —	Zip:
Secretary Name: —			Treasurer Name: —		
Street Address: —			Street Address: —		
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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		0.01

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: PARVEZ M KHATANA

Date: 01/10/2018

Signature of Authorized Representative:

FILED

JAN 10 2018

BY 321532

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

FORM 630 - Revised: 08/2017