



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119940		2. Exact name of the Corporation L & B VARIETY INC.	
3. Principal office address 367 FAIRMONT ST.		City WOONSOCKET	State RI
		Zip 02895	
4. Business Phone No. 401-766-4070		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE AND CONTROL A CONVIENCE STORE. 447110			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name SAMIR SOULAIMAN		Vice-President Name	
Street Address 93 VIVIAN AVE.		Street Address	
City PAWTUCKET	State RI	Zip 02860	
Secretary Name ALICIA EAD		Treasurer Name	
Street Address 464 ACADEMY AVE.		Street Address	
City PROVIDENCE	State RI	Zip 02908	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name SAMIR SOULAIMAN		Director Name	
Street Address 93 VIVIAN AVE.		Street Address	
City PAWTUCKET	State RI	Zip 02860	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
100		NONE	NONE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

SAMIR SOULAIMAN, PRESIDENT

1-13-18

Print or Type Name of Authorized Representative

FILED
JAN 18 2018

BY **5113 DS**