



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

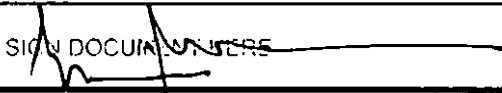
FILED

JAN 19 2018

STAMP

BY

12193

1. Entity ID Number 000042849		2. Exact name of the Corporation HAWK ENTERPRISES, INC.			
3. Principal Office Address 119 Greenville Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island import, export, sell at wholesale and or retail general items of commerce; to conduct the business of filling and service station dealing in gasoline and all other petroleum products; to repair and recondition vehicles.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elie N. Sakr			Vice-President Name Mima Daou Sakr		
Street Address 49 Wilson Street			Street Address 12 Gamma Court		
City Johnston	State RI	Zip 02919	City North Providence	State RI	Zip 02911
Secretary Name Pierre Sakr			Treasurer Name Elie N. Sakr		
Street Address 12 Gamma Court			Street Address 49 Wilson Street		
City North Providence	State RI	Zip 02911	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elie N. Sakr			Director Name		
Street Address 49 Wilson Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		No Par Value	
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 Elie N. Sakr, President					Date 1/16/2018
Signature of Authorized Representative 					

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: 10/2017