



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
std
 JAN 31 2018
 BY 9334

1. Entity ID Number 108553		2. Exact name of the Corporation A. YOUSSEF, INC			
3. Principal Office Address 747 SOUTH MAIN ST			City WARREN	State RI	Zip 02885-4319
4. NAICS Code 445126		6. Brief description of the character of business conducted in Rhode Island RETAIL CONVENIENCE STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ASLAN YOUSSEF			Vice-President Name		
Street Address 245 WILLIAMSON DRIVE			Street Address		
City SOMERSET	State MA	Zip 02726	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 <input type="checkbox"/>					
Director Name ASLAN YOUSSEF			Director Name		
Street Address 245 WILLIAMSON DRIVE			Street Address		
City SOMERSET	State MA	Zip 02726	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		8000	CNP	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. <i>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.</i>					
Name of Authorized Representative ASLAN YOUSSEF				Date 01/25/2018	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov