



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 31 2018

BY

9334

1. Entity ID Number <b>108553</b>		2. Exact name of the Corporation <b>A. YOUSSEF, INC</b>			
3. Principal Office Address <b>747 SOUTH MAIN ST</b>		City <b>WARREN</b>		State <b>RI</b>	Zip <b>02885-4319</b>
4. NAICS Code <b>445126</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL CONVENIENCE STORE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ASLAN YOUSSEF</b>			Vice-President Name		
Street Address <b>245 WILLIAMSON DRIVE</b>			Street Address		
City <b>SOMERSET</b>	State <b>MA</b>	Zip <b>02726</b>	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 <b>ASLAN YOUSSEF</b>			Director Name		
Street Address <b>245 WILLIAMSON DRIVE</b>			Street Address		
City <b>SOMERSET</b>	State <b>MA</b>	Zip <b>02726</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>8000</b>		<b>CNP</b>
					<b>NO PAR VALUE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>ASLAN YOUSSEF</b>					Date <b>01/25/2018</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)