



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

SECRETARY OF STATE
 PROVIDENCE, RHODE ISLAND

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 000109913		2. Exact name of the Corporation McCoy Market, Inc.			
3. Principal Office Address 171 South Bend Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island 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 Numan Janoudi			Vice-President Name		
Street Address 45 Pearson Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Numan Janoudi			Treasurer Name Numan Janoudi		
Street Address 45 Pearson Avenue			Street Address 45 Pearson Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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/SERIES	PAR VALUE
		200	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. <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 Numan Janoudi					Date
Signature of Authorized Representative 					

2018 FEB 9 P
 SECRETARY OF STATE

FILED

SIGN DOCUMENT HERE

FEB 09 2018

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