RI SOS Filing Number: 201859333440 Date: 2/27/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
24419	7-ELEVEN, INC.

3. Principal Office Address	City	State	Zip
3200 HACKBERRY ROAD	IRVING	TX	75063

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445110	RETAIL CONVENIENCE STORES
5. State of Incorporation: TX	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JOSEPH M . DEPINTO	DAVID SELTZER
Street Address: 3200 HACKBERRY ROAD	Street Address: 3200 HACKBERRY ROAD
City: IRVING, State: TX, Zip: 75063	City: IRVING, State: TX, Zip: 75063
Secretary Name	**Treasurer Name**
RANKIN GASAWAY	DAVID SELTZER
Street Address: 3200 HACKBERRY ROAD	Street Address: 3200 HACKBERRY ROAD
City: IRVING, State: TX, Zip: 75063	City: IRVING, State: TX, Zip: 75063

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
JOSEPH M. DEPINTO	JAY W. CHAI
Street Address: 3200 HACKBERRY ROAD	Street Address: 3200 HACKBERRY ROAD
City: IRVING, State: TX, Zip: 75063	City: IRVING, State: TX, Zip: 75063
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	111,891,066	COMMON	$.0001

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	Date
JAMES C. BAKER, ASSISTANT SECRETARY	02/19/2018

Signature of Authorized Representative

FILED
FEB 27 2018
BY 021249236 DS

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