RI SOS Filing Number: 201859388710 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 28 PM 2:37

STAMP

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
144591	BD MART INC

3. Principal Office Address	City	State	Zip
1356 CRANSTON ST	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445120	CONVENIENCE STORE
5. State of Incorporation	
RI	

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

President Name	Street Address	City	State	Zip
FELIX AKINJISOLA	1356 CRANSTON ST	CRANSTON	RI	02920

Vice-President Name	Street Address	City	State	Zip
BOLA AKINJISOLA	1356 CRANSTON ST	CRANSTON	RI	02920

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip
FELIX AKINJISOLA	1356 CRANSTON ST	CRANSTON	RI	02920

Director Name	Street Address	City	State	Zip
BOLA AKINJISOLA	1356 CRANSTON ST	CRANSTON	RI	02920

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		0

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
FELIX AKINJISOLA	02/21/218

Signature of Authorized Representative

Felix Akinjisola

SIGN DOCUMENT ELECTRONICALLY **FILED**

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

FEB 28 2018
BY 3255535

FORM 630 - Revised: 10/2017