



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

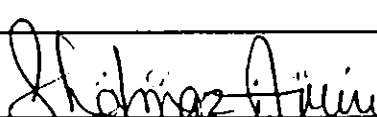
Annual Report for the year: 2018

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 1665844		2. Exact name of the Corporation AMIN CORP									
3. Principal Office Address 2130 Mendon Road STE 3/147			City Cumberland	State RI	Zip 02864						
4. NAICS Code 445120 Convenience Stores		6. Brief description of the character of business conducted in Rhode Island OPERATE A FOOD MARKET AND CONVENINCE STORE. Title: 7-1.2-1701									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name SHAHNAZ AMIN			Vice-President Name DIPOK AMIN								
Street Address 10 South St. #A			Street Address 10 South St. #A								
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760						
Secretary Name Dipok Amin			Treasurer Name Shahnaz Amin								
Street Address 10 South St. #A			Street Address 10 South St. #A								
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name Shahnaz Amin			Director Name Dipok Amin								
Street Address 10 South St. #A			Street Address 10 South St. #A								
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>Authorized: 100</td> <td></td> <td>0.00</td> </tr> <tr> <td>Issued: 0</td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	Authorized: 100		0.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
Authorized: 100		0.00									
Issued: 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 Shahnaz Amin				Date 08/28/2018							
Signature of Authorized Representative 											

FILED

SEP 04 2018

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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FORM 630 - Revised: 08/2017