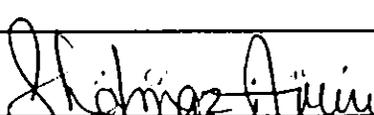




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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		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
		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 

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

SEP 04 2018

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FORM 630 - Revised: 08/2017