



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 541155		2. Exact name of the Corporation Samir Exports, Inc.												
3. Principal Office Address 26 Esmond Street			City Smithfield	State RI	Zip 02917									
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island Exporting of automobiles and any other lawful purpose													
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 Samir Sleiman			Vice-President Name Samir Sleiman											
Street Address 26 Esmond Street			Street Address 26 Esmond Street											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
Secretary Name Samir Sleiman			Treasurer Name Samir Sleiman											
Street Address 26 Esmond Street			Street Address 26 Esmond Street											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Samir Sleiman			Director Name											
Street Address Same as above			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 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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No par												
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 and all schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative Samir Sleiman			<div style="text-align: center;"> FILED SEP 20 2018 </div>											
Signature of Authorized Representative														