State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

FOR SECRETARY OF STATE USE ONLY

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
001662579	PROVIDENCE DELI & GRILL MART, INC

3. Principal Office Address	City	State	Zip
103 ELMWOOD AVENUE	PROVIDENCE	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade 445110	GROCERY STORE
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
AHED ANTAR OBAYAH	SAME
Street Address: 103 ELMWOOD AVENUE	Street Address:
City: PROVIDENCE State: RI Zip: 02907	City: State: Zip:
Secretary Name: SAME	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
AHED ANTAR OBAYAH	
Street Address: 103 ELMWOOD AVENUE	Street Address:
City: PROVIDENCE State: RI Zip: 02907	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	$0.00

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
AHED ANTAR OBAYAH FILED	09/18/2018

Signature of Authorized Representative

X Ahed

SIGN DOCUMENT HERE SEP 26 2018

BY 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: 10/2016