



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

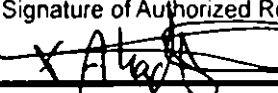
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001662579		2. Exact name of the Corporation PROVIDENCE DELI & GRILL MART, INC		
3. Principal Office Address 103 ELMWOOD AVENUE		City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island GROCERY STORE			
5. State of Incorporation RHODE ISLAND				
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name AHED ANTAR OBAYAH		Vice-President Name SAME		
Street Address 103 ELMWOOD AVENUE		Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State
Secretary Name SAME		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐				
Director Name AHED ANTAR OBAYAH		Director Name		
Street Address 103 ELMWOOD AVENUE		Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.		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 AHED ANTAR OBAYAH			Date 09/18/2018	
Signature of Authorized Representative 			SIGN DOCUMENT HERE SEP 26 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

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