



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>119949</b>		2. Exact name of the Corporation <b>L&amp;B VARIETY INC.</b>	
3. Principal office address <b>367 FAIRMONT ST.</b>		City <b>WOONSOCKET</b>	State <b>RI</b>
		Zip <b>02895</b>	
4. Business Phone No. <b>401-766-4070</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, MANAGE &amp; CONTROL A CONVENIENCE STORE</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>SAMIR SOULAIMAN</b>		Vice-President Name	
Street Address <b>1233 CHALKSTONE AVE.</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02908</b>		Zip	
Secretary Name <b>ALICIA EAD</b>		Treasurer Name	
Street Address <b>1 MARIA ST.</b>		Street Address	
City <b>LINCOLN</b>	State <b>RI</b>	City	State
Zip <b>02865</b>		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>SAMIR SOULAIMAN</b>		Director Name	
Street Address <b>1233 CHALKSTONE AVE.</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02908</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		100	NONE
		PAR VALUE	

**FILED**

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.

File Date

**FEB 28 2019**

Check No

BY

**5631**

By:

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.

Signature of Authorized Representative

Date

**2-25-19**

**SAMIR SOULAIMAN, PRESIDENT**

Print or Type Name of Authorized Representative

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