



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. 119949		2. Exact name of the Corporation L&B VARIETY INC.		
3. Principal office address 367 FAIRMONT ST.		City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-766-4070		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE & CONTROL A CONVIENCE STORE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name SAMIR SOULAIMAN		Vice-President Name		
Street Address 1233 CHALKSTONE AVE.		Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State
Secretary Name ALICIA EAD		Treasurer Name		
Street Address 1 MARIA ST.		Street Address		
City LINCOLN	State RI	Zip 02865	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name SAMIR SOULAIMAN		Director Name		
Street Address 1233 CHALKSTONE AVE.		Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	PAR VALUE
		100	NONE	NONE

FILED *SV*

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.

FEB 28 2019

File Date _____
 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] **2-25-19**
 Signature of Authorized Representative Date
SAMIR SOULAIMAN, PRESIDENT
 Print or Type Name of Authorized Representative