



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 MAR 20 PM 3:07

- 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 <u>122701</u>		2. Exact name of the Corporation <u>TIVERTON Convenience Retail</u>			
3. Principal Office Address <u>29 Stafford Rd</u>		City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Conduct Business of Selling Cigarettes, Lottery, Restaurant</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Rabih Salibi</u>		Vice-President Name <u>Rabih Salibi</u>			
Street Address <u>29 Stafford Rd.</u>		Street Address <u>SAME</u>			
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City	State	Zip
Secretary Name <u>Rabih Salibi</u>		Treasurer Name <u>Rabih Salibi</u>			
Street Address <u>SAME</u>		Street Address <u>SAME</u>			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Rabih Salibi</u>		Director Name			
Street Address <u>SAME</u>		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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>Common</u>	<u>No Par</u>
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 <u>Rabih Salibi</u>		MAR 20 2019		Date <u>3/1/19</u>	
Signature of Authorized Representative <u>[Signature]</u>		BY <u>[Signature]</u>			

MAIL TO:
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 Website: www.sos.ri.gov