



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

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CORP. DIV.
307

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Annual Report for the year: **2019**
Corporation

2019 AUG 16 PM 4:13

- 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 000697111		2. Exact name of the Corporation SNK, Inc.			
3. Principal Office Address 151 Benefit Street		City Pawtucket		State RI	Zip 02861
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island Convenience Store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Abdul Meher			Vice-President Name Saeed Malik		
Street Address 427 High Street			Street Address 161 Benefit Street		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02861
Secretary Name Saeed Malik			Treasurer Name Abdul Meher		
Street Address 161 Benefit Street			Street Address 427 High Street		
City Pawtucket	State RI	Zip 02861	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		\$100.00	
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 Abdul Meher					Date
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					AUG 16 2019

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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