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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

HO2D CORPORATION

Annual Report for the year: Corporation

Sorporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

RECEIVED	
RECRETARY OF STATE	
CORPORATIONS DIV 🛶 🔥	· _ F

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		00 by 7 (pin 1.						
1 Entity ID Number	2. Exact name of	the Corporation						
3. Principal Office Address ADMIN	· · · · · · · · · · · · · · · · · · ·	et	City	tence	State 2	02908		
4. NAICS Code 4.47110 6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE 4. GAS SHAH: an								
7. List ALL officers (names and add President Name WAQAS F	Check the box to indicate an attachment Vice-President Name							
Street Address MMIR	al Sto.	11+	Street Address	i				
Duryling	State	2008 OS	City		State	Zip		
Secretary Name	· ·		Treasurer Nam	ne				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ad	ddresses)	<u> </u>	<u>!</u>	Check t	he box to inc	licate an attachment		
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	Ζιρ		
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment								
This information is currently of record Department of State.	rd in the	NUMBER OF SE	HARES	CLASS/SFRIES	1	PAR VALUE		
Changes require an additional filling.		0				0.01		
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 an habel of the corporation by the receiver or trustee.								
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 Date 12 1 2011								
Signature of Authorized Representative SIGN DOCUEFILED								
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY DEC 0 9 2019

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A.A.