



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

Annual Report for the year: 2019
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV. P
 2019 DEC -9 PM 12:19

- 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 000159074		2. Exact name of the Corporation KAHN And Sons Inc.			
3. Principal Office Address 1152- Mendon Rd		City Cumberland	State R.I	Zip 02864	
4. NAICS Code 445100		6. Brief description of the character of business conducted in Rhode Island GAS + Convenience Store			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MAHMOOD QAISAR		Vice-President Name			
Street Address 791- High St		Street Address			
City Cumberland	State R.I	Zip 02864	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
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		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		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
		600			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 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 [Signature]				Date 12/9/2019	
Signature of Authorized Representative MAHMOOD QAISAR				FILED	

SIGN DOCUMENT

DEC 09 2019

BY FENVB
 A.A. 12:20pm.

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov