



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

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 21 2020

BY 4985

1. Entity ID Number 87948		2. Exact name of the Corporation SFN, Inc.												
3. Principal Office Address 300 Brookline Drive			City Warwick	State RI	Zip 0886									
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island To own and operate gasoline service station												
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 Riad Khoury			Vice-President Name Michael Rasla											
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street											
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035									
Secretary Name Souhair Batal			Treasurer Name Ebram Rasla											
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street											
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Souhair Batal			Director Name Riad Khoury											
Street Address 300 Brookline Drive			Street Address 300 Brookline Drive											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Director Name Michael Rasla			Director Name Ebram Rasla											
Street Address 123 Mechanic Street			Street Address 123 Mechanic Street											
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035									
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td style="text-align:center">300</td> <td style="text-align:center">common</td> <td style="text-align:center">no par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	common	no par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		300	common	no par										
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 Riad Khoury				Date 02/08/2020										
Signature of Authorized Representative <div style="text-align:center;">SIGN DOCUMENT HERE</div>														