



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

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 BUS SVCS DIV

2020 MAR 12 P 3:52

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.

1. Entity ID Number <b>001679948</b>		2. Exact name of the Corporation <b>Smith Convenience, INC</b>			
3. Principal Office Address <b>649 Admiral St</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>a convenience store that sells tobacco products, cigarettes candy, beverages, Dairy products etc</b>			
5. State of Incorporation <b>Rhode island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Rachid Rabbani</b>			Vice-President Name		
Street Address <b>104 Sherman Ave</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
				<b>1,000.00</b>	<b>0.00</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Rachid Rabbani</b>					Date <b>03/12/20</b>
Signature of Authorized Representative <i>[Signature]</i>					

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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