



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 STAMP

APR 06 2020

7Y *ADIF*

OFFICE OF THE CLERK OF THE STATE
 USE ONLY

1. Entity ID Number 001662579		2. Exact name of the Corporation PROVIDENCE DELI & GRILL MART, INC			
3. Principal Office Address 103 ELMWOOD AVENUE		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 44910		6. Brief description of the character of business conducted in Rhode Island GROCERY 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 AHED ANTAR OBAYAH		Vice-President Name SAME			
Street Address 103 ELMWOOD AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name SAME		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 AHED ANTAR OBAYAH		Director Name			
Street Address 103 ELMWOOD AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02907	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	
		1000	COMMON	\$0.00	
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 AHED ANTAR OBAYAH				Date 02/25/2020	
Signature of Authorized Representative <i>X obayah</i>			SIGN DOCUMENT HERE		

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