



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

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DEPARTMENT OF STATE  
USE ONLY

1. Entity ID Number <b>001662579</b>		2. Exact name of the Corporation <b>PROVIDENCE DELI &amp; GRILL MART, INC</b>			
3. Principal Office Address <b>103 ELMWOOD AVENUE</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>44510</b>		6. Brief description of the character of business conducted in Rhode Island <b>GROCERY STORE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>AHED ANTAR OBAYAH</b>			Vice-President Name <b>SAME</b>		
Street Address <b>103 ELMWOOD AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>AHED ANTAR OBAYAH</b>			Director Name		
Street Address <b>103 ELMWOOD AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <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>AHED ANTAR OBAYAH</b>				Date <b>02/25/2020</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)