



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

FILED

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Annual Report for the year: 2020 Corporation

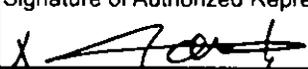
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 R.I. DEPT OF STATE
 BUSINESS DIV

APR 06 2020

2020/9373

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

2020 APR -6 P 2:11 BY

1. Entity ID Number 001674644		2. Exact name of the Corporation Kingston Mart, Inc			
3. Principal Office Address 100 FORTIN ROAD, UNIT 2			City KINGSTON	State RI	Zip 02881-1433
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island CONVENIENCE 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 YOUSSEF AKRASI			Vice-President Name MOHAMED HSAINE		
Street Address 10 HOPEDALE DRIVE			Street Address 21 HICKORY DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 YOUSSEF AKRASI			Director Name MOHAMED HSAINE		
Street Address 10 HOPEDALE DRIVE			Street Address 21 HICKORY DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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		PAR VALUE
			1000		CNP
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 YOUSSEF AKRASI				Date 01/16/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	