



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>119457</b>		2. Name of Corporation <b>Iggy's Food Mart Inc.</b>			
3. Street Address Principal Business Office <b>292 MARKET STREET</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4. Business Phone No. <b>(401)245-0374</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CONVENIENT STORE AND GAS STATION</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>IQBAL TASSAWAR</b>			Vice President Name <b>Terri Tassawar</b>		
Street Address <b>11 Union Street 1/F Rear</b>			Street Address <b>11 Union Street 1/F Rear</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>n/a</b>			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100</b>	<b>\$1.00 PAR VALUE</b>		<b>100</b>	<b>PAR</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-9-05  
Check No. 1379  
By: MS  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Terri Tassawar Date 1/17/05  
Print or Type Name of Officer Terri Tassawar  
Title of Officer Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 119457		2. Name of Corporation Iggys Food Mart Inc.			
3. Street Address Principal Business Office 292 Market St			City Warren	State RI	Zip 02885
4. Business Phone No. 401 245 0374		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CONVENIENT STORE AND GAS STATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name IQBAL TASSAWAR			Vice President Name		
Street Address 11 Union St 1/2 Rear			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name TERRI TASSAWAR			Treasurer Name		
Street Address 11 Union St 1/2 Rear			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	\$1.00 PAR VALUE		100	Par value	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED 4 5 7 \*

File Date: JAN 15 2004  
Check No.: By 1218 GMM  
By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Iqbal Tassawar Date: 12/30/03  
Print or Type Name of Officer: IQBAL TASSAWAR  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119457 2. Name of Corporation IGGY'S Food Mart Inc.  
3. Street Address Principal Business Office 83 Richard St City Cranston State RI Zip 02910  
4. Business Phone No. 401 2450374 5. State of Incorporation R.I. 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
Convenient Store + Gasoline

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name IQBAL TASSAWAR  
Street Address 83 Richard St  
City Cranston State RI Zip 02910

Vice President Name  
Street Address  
City State Zip

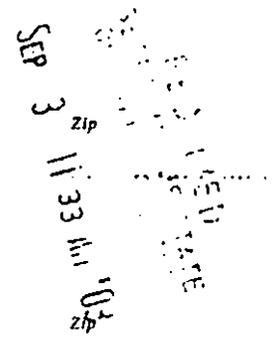
Secretary Name Terri TASSAWAR  
Street Address 83 Richard St  
City Cranston State RI Zip 02910

Treasurer Name  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip



**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>		<u>1.00</u>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>		<u>1.00</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: SEP 03 2003

Check No.: By M4748 GAB

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Iqbal Tassawar Date 8/28/03

Print or Type Name of Officer IQBAL TASSAWAR

Title of Officer President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119457	2. Name of Corporation Iggys Food Mart Inc.
3. Street Address Principal Business Office 292 Market St	City Warren
4. Business Phone No. 401-2450374	State RI
5. State of Incorporation RHODE ISLAND	Zip 02885
6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island	

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name IQBAL TASSAWAR	Vice President Name _____
Street Address 83 Richard St	Street Address _____
City Cranston	City _____
State RI	State _____
Zip 02910	Zip _____
Secretary Name TERRI TASSAWAR	Treasurer Name _____
Street Address 83 Richard St	Street Address _____
City Cranston	City _____
State RI	State _____
Zip 02910	Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	\$1.00	PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	\$1.00	Par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 9 4 5 7 \*

1-8-02

1042

*[Signature]*

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_

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.

*[Signature]* 1/3/02  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
Print or Type Name of Officer  
IQBAL TASSAWAR  
President