

### STATE OF REIODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence RI 02963-1335

401 222 3046

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		ng Fee: \$50.00		- · · · · · · · · · · · · · · · · · · ·	_
1 Corporate II) No. 107968	2 Name of Corporation SHOP "N" GO,				·
3 Sircei Address Principal Busine 1567 Plainfield	,	· · · ·	Johnston	State RI	2φ 02919
4 Business Phone No.	01) 464 4292	5 State of Incorporation RHODE ISLAND	i		6 SIC Orde 0
7 Pro YO OPERATE CONVE	NIENCE STORES.	Rhode Island			
8. NAMES AND ADDRESS. President Name	es of the officers funawar H. Ghum		TACHMENT) [] FILL IN SPACE Vice Presulent Name	Shahzad Yaq	
Street Address 2	39 Stoney Acre	Drive	Street Address	39 Union Ave	enue
Cranston	Nate RI	<sup>Zip</sup> 02920	Johnston	State R.J.	<sup>Zφ</sup> 02919
	hahzad Yaqoob		Treasurer Name	Munawar H. (	Ghumman
Street Address	ame		Street Address	same	
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	31-05	ner the President, Vice		I declare and affirm that I ing schedules and stateme	have examined this report

Signature of Officer

President

Title of Officer

<u>Munawar H. Ghumman</u> Print or Type Name of Officer

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State  $^{\prime}$ 

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222 3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2004
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TO OPERATE CONVENIENCE STORES.  AMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  AMEN AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  AMEN AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Address  239 Stoney Acre Drive  Cranston   State   RI   State   State	Business Phone No		5 State of Incorporation			
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AMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS			Rhode Island			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		<b>                                    </b>	<b>8</b>        <b>8.6</b> 1			
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				Under penalty of perju	iry, I declare and affirm that I	have examined this
		<u>+ 1 0 7 9 6 8</u>	=====================================	including any accomp	anying schedules and stateme	
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all statements.	212	-1-1		contained herein are to	rue and correct.	رايدان
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all stat contained herein are true and correct.	File Date 2	2104		mina	h Jul	
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.	~	Ý		Signature of Officer	)	Date
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.  Signature of Officer  Date	Check No	<u> </u>				
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.  Signature of Officer  Date	By:	·· — · · · · · · · · · · · · · · · · ·		Print or Type Name of	Officer	
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.  Signature of Officer  Print or Type Name of Officer		OV OF STATE USE ON A		<u> </u>		
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.  Signature of Officer  Print or Type Name of Officer	FUR SEURETAN	I OF STATE USE UNLY	·	Title of Officer		



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1-335 401-222-3040

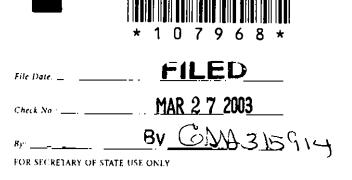
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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1. Corporate ID No.		2. Name	of Corporatio	n								_
107968		SHO	P "N" GO	, INC.								
3. Street Address Prir	ncipal Business (	Office		•		City			State		Z	ıp
1567 Pla:	infield	Pike					Johnstor	1		RΙ		02919
4. Business Phone No				5 State of	f Incorporation						6	SIC Code
	(401) 9	<b>42 1300</b>	)	RHO	DDE ISLAND							0
7. Brief Description o to opera				thode Island	y other la	wful	business					V
8. NAMES ANI President Name				•		(ENT)	FILL IN SPAC	ES BE	FORE USI	NG ATT/	ACHMENT	rs
	Shahz	ad Yaqo	oob			*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Muna	awar H.	Chumn	nan	
Street Address	39 Un	ion Ave	enue			Street A	ddress	239	Stoney	Acre	Drive	
City		State	D.T.	Ζιρ	00010	City	_		State		Z	
Johns	ton		RI		02919		Cransto	n		RI		02920
Secretary Name	Munaw	ar H. C	humman			Treasure	r Name	Shai	hzad Yad	doop		
Street Address						Street Ad	ddress			•		
	239 S	toney A	cre Dr	ive				39 1	Union Av	zenue		
City		State		Zip		City			State		Z	p
Crans	ton		RI		02920		Johnsto	n		RI		02919
9. NAMES ANI Director Name	) ADDRESS	ES OF TH	IE DIREC	TORS ("X"	BOX FOR ATTAC	HMENT) Director	FILL IN SPA	ACES	BEFORE U	SING AT	TACHME	NTS
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Street Address			,,,,			Street Ad	ddress	()CII	AMOL III	Orionia	ilari	
	39 Un	ion Ave	enue					239	Stoney	Acre	Drive	
City		State		Zip		City			State		71	P
Johns:	ton		RI		02919	Director	Cransto Name	n		RI		02920
Street Address						Street A.	ldress				論江	
City		State		#i=								2 + 52
<b>,</b>		state		Zip		Gity			State		21 	
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Number of Shares		Class/Seri	ies	Par Value		Number	of Shares		Class/Ser	ies	T'a	Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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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

Date

Chalmad Mannal

Signature of Officer			Date		
Shahzad Yaqoob	-			_	
President Title of Officer		_			

Farm 639 12/02

Edward S. Inman, III, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

401-222-3040

### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00

**	•	•			( 1
FORM MUST BE TYPED IN	BLACK)				
1 Corporate 1D No.	2 Name of Corpor				
107968	SHOP "N"	GO, INC.			
3 Street Address Principal Busin 1569 PLAINFI			JOHNSTON	RI RI	02919
4. Business Phone No 401-464-4292		5 State of Incorporation RHODE ISLANI	<b>)</b>	`	6 SIC Code <b>0</b>
7 Buel Description of the Char Convinient	_	ni Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES 1 Vice President Name	BEFORE USING ATTACH	IMENTS
MUNAWAR H.	GHUMMAN		SHAHZAD YAQOOB	}	
Street Address			Street Address		
239 STONEY A	CRE DRIVE		39 UNION AVE	E.	
City	State	Zip	City	State	Zip
CRANSTON Secretary Name	RI	02920	Johnston Treasurer Name	RŢ	02919
Munawar H. G	humman		Shahzad Yaqoo	b	
239 Stoney	Acre Drive		39 Union Ave	nue	
Cuy	State	Zip	City	State	Zip
Cranston 9. NAMES AND ADDR Director Name	RI ESSES OF THE DIR	02920 ECTORS ("X" BOX FOR AT	Johnston FACHMENT) FILL IN SPACE Director Name	RI S BEFORE USING ATTAC	02919 CHMENTS
Munawar H. Street Address	Ghumman		Shahzad Yaqo	оор	
239 Stoney	Acre Drive		39 Union Ave	<b>:</b> •	
Canada	State	Zip	City	State	2ip
Cranston  Director Name	RI	02920	Johnston Director Name	RI	02919
Sticet Address			Street Address		
City	State	Zıp	Cuj	State	Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date.

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

SHAHZAD VIQOOB Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

5 ديون جي

Form 630 12/01



3. Street Address Principal Business Office  (15 G.Q. PLAINFIELD) PINE  (5. Business Principal Business Office  (17 G.Q. PLAINFIELD) PINE  (5. Business Principal Business Office  (18 G.Q. PLAINFIELD) PINE  (5. Business Principal Business Office  (19 G. PLAINFIELD)  (5. State of Incorporation  (6. STOCCOMP  (7. Box Principal Business Conducted in Bhode Island)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  (8. Storet Address)  (8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  (8. Storet Address)  (8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  (8. STORET Address)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. STORET Address)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. STORET Address)  (8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  (8. STORET Address)  (8. ST	(FORM MUST BE TYPED IN BLA I. Corporate II) No. 107968	CK) 2. Name of Corpor. SHOP "N"	ation			
15 G. PLAINFIELD DINE  8. Butters Hone No.  40 H. G. S. State of Incorporation  40 H. G. S. State Office Incorporation  40 H. G. H. G. State Office Incorporation  40 H. G. H. G. State Office Incorporation  40 H. G. State Office Incorporation  40 H. G. State Office Incorporation  40 H. G. H.			GO, INC.			
S. State of Incorporation  4. State of Incorporation  4. State of Incorporation  4. State Of Incorporation  4. State Of Incorporation  5. State Of Incorporation  4. State Of Incorporation  4. State Of Incorporation  5. State Of Incorporation  6. Stoccode  6. Stocco	1569 PLAIN	_	イモ	John Stu	State R.I	2ip 62-949
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Name  SHAHLAND YAQQOB  Street Address  100 State  101 Johnston  102 I U2919  Research Address  101 State  102 State  104 State  105 State  107 State  108 State  109 City  109 State  110 SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) STATES ISSUED ("X" BOX FOR ATTACHMENT STATES ISS		C) S			·	6. SIC Code
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SHAHZAD YAQCOB  SITERT Address  39 UNION QUE  ITY  JOHNSTON  12 I  O2919  CITY  State  CYGNSTON  CITY  State  CYGNSTON  CITY  State  CYGNSTON  CITY  State  CYGNSTON  CITY  State  CITY  State  Zip  Zip  City  State  Zip  City  St	2-11, Description of the Character	oj Business Conducted	in Khode Island			•
SHAHLAN YAQCOB  SITERT Address  39 UNION QUE  JOHNSTON  12 I  OLGIG  TOCAMENTAL  STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  STORE Address  STORE Address  STORE ADDRESSES	L NAMES AND ADDRESS	SES OF THE OFF	ICEDS (474 DOV DOS			
SHAHLAN TAOLOB  Street Address  39 UNION QUE  TOWNSTON  TOWNSTON  State  Zip  City  State  Zip  Director Name  The Address  Street A	resident Name	LS OF THE OFF.	ICERS (.Y. BOX FOR YIL	Vice President Name	ES BEFORE USING ATTA	CHMENTS
39 UNION QUE 30 UN	SHAHLAD	YAGLAR			WAZ H. CHUM	1001)
Tohnston 2:1 02919 City State Zip Creating Name  Treasurer Name  Treasurer Name  Treasurer Name  Street Address  NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Trector Name  Trector Name  Trector Name  Trector Name  Street Address  Street Address  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Treasurer Name  Director Name  Director Name  Street Address  Street Address  Treasurer Name  Director Name  Director Name  Street Address  Street Address  Treasurer Name  Treasu	ireet Maaress	_		Street Address		7111 N
The assurer Name    Direct Address   Street Address   Street Address   Street Address	39 Union a	.e		229 St	ony acre Dr.	
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Director Name  State Zip City State Zip  City State Zip  Director Name  Street Address  Street			z.y	· Cny	· State	Zip
State Zip City State Zip  City State Zip  State Zip City State Zip  SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) STATE SHARES ISSUED ("X" BOX FOR ATTACHMENT) STATES TO STATES  THORIZED SHARES  THE CITY STATE SHARES ISSUED ("X" BOX FOR ATTACHMENT) STATES TO STATES TO STATE SHARES TO STATES TO STATE	rector Name	25 OF THE PIRE	CTORS ( A BOA FOR A	Director Name	CES BEFORE USING ATT	ACHMENTS AND A STATE OF THE STA
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nis report must be <b>signed in ink</b> by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tr						
The secretary assistant secretary, freasurer, Receiver or fr						



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ıd that all statements contained herein are true and correct,

mica	nn/Sinco	4 2/0/01
Signature of Officer	$\overline{}$	Date
MUUNW	112 /1. G	HUMM AN !
Print or Type Name of Office	r	

Title of Officer



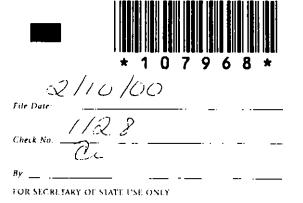
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PIT W. R. AD
INNER CHOOSE

(FORM MUST BE TYPED IN BLA	CK)				
1 Corporate ID No. 107968	2. Name of Corpora SHOP "N"				
3 Street Address Principal Business	Office		City	State	Zip
1569 Plainfield 4. Business Phone No.	Pike	5. State of Incorporation	Johnston	RI	02919 6 SIC Code
401-464-4292 7 Brief Description of the Character	of Business Conducted i	RHODE ISLAN n Rhode Island	D		3210
CONVENIENT STORE 8. NAMES AND ADDRES: President Name		CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEI	FORE USING ATTACHN	MENTS
Munawar H. Chumma Street Address	n		Shahzad Ya	pob	
239 Stoney Acre D	rive State	Zip	39 Union Av	venue State	Zip
Cranston Secretary Name	RI	02920	Johnston Treasurer Name	RI	02919
Munawar H. Ghumn Street Address	an		Shahzad Yaqoob		
Same as above	State	Ζιρ	Same as above	State	Zip
9. NAMES AND ADDRES.	SES OF THE DIRI	ECTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPACES E	BEFORE USING ATTAC	HMENTS
Munawar Ghumman Street Address			Shahzad Yaqoob Street Address		
Same as above			Same as above		
City	State	7 rp	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* box for att	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
600 \$1.00 PAR VA	LUE		100	common	1.00 Mexem

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

manage	Xluan	2/08/00
Signature of Officer		Date
President Print or Type Name of Officer		

<u> Munawar H. Chumman</u>

Title of Officer