



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 JUL 16 PM 12:41

1. Entity ID Number 000143989		2. Exact name of the Corporation YORKTOWN MARKET, INC.			
3. Principal Office Address 6769 POST RD		City NORTH KINGSTOWN		State RI	Zip 02852
4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN, OPERATE, MANAGE AND CONDUCT A GENERAL FOOD SERVICE BUSINESS FOR ALL TYPES OF FOOD AND BEVERAGES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WYLE ALMULKIE			Vice-President Name KINDA MUSTAFA		
Street Address 6769 POST RD			Street Address 6769 POST RD		
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			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
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
			100	CNP	\$0.0000
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 wyle almulkie				Date 7/16/2020	
Signature of Authorized Representative 					

FILED

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