State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JAN 27 PM 12:36

Annual Report for the year: 2021

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
000115034	FUEL DEPOT, INC		
3. Principal Office Address	City	State	Zip
644 PUTNAM PIKE	SMITH FIELD	R.I	02828
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
447110	GAS STATION, CONVIENCET STORE		
5. State of Incorporation			
R.I			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ABED SAHYOUNI	IMANE SAHYOUNI
Street Address	Street Address
23 ROGER Williams d.R	23 ROGER Williams DR
City / State / Zip	City / State / Zip
GREENVILLE / R.I / 02828	GREENVILLE / R.I / 02828
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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	2400		0

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	Date
	1-26-2021
Signature of Authorized Representative	**FILED**

JAN 27 2021

BY SGF2K AA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020