State of Rhode Island

Department of State - Business Services Division

FILED

MAR 01 2021

BY 9603

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			
122701	Tiverton Convenience Point, Inc.			
3. Principal Office Address		City	State	Zip
29 Stafford Rd.		Tiverton	RI	02878
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445120	Conduct Business of Selling Cigarettes, Lottery, Restaurant			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
Rabih Salibi			Rabih Salibi		
Street Address			Street Address		
29 Stafford Rd.			same		
City	State	Zip	City	State	Zip
Tiverton	RI	02878			
Secretary Name			Treasurer Name		
Rabih Salibi			Rabih Salibi		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Rabih Salibi					
Street Address			Street Address		
same					
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	C. ASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par

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
Rabih Salibi	1/26/21
Signature of Authorized Representative	
Rabih Salibi	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020