



RI SOS Filing Number: 202193682500 Date: 3/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAR 5 2021

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.

BY 2414

1. Entity ID Number 000791430		2. Exact name of the Corporation SAINT MARY FOOD INC			
3. Principal Office Address 940 CUMBERLAND HILL ROAD		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FAST FOOD ESTABLISHMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MAGED T AWAD			Vice-President Name		
Street Address 840 CUMBERHILL ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
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 MAGED T AWAD			Director Name		
Street Address 840 CUMBERLAND HILL ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000 CNP 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 MAGED AWAD				Date 02/26/2021	
Signature of Authorized Representative <i>Maged Awad</i>					

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