State of Rhode Island

Department of State - Business Services Division

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.

FILED STAMP

MAR 17 2021

BY 3321

1. Entity ID Number	2. Exact name of the Corporation			
000155613	CHAUDHERY, INC			
3. Principal Office Address		City	State	Zip
270 BROAD STREET		PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445110	RETAIL CONVENIENCE STORE			
5. State of Incorporation				
RHODE ISLAND				

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

President Name ARSHAD ALI			Vice-President Name ARSHAD ALI		
Street Address 270 BROAD STREET			Street Address 270 BROAD STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name ARSHAD ALI			Treasurer Name ARSHAD ALI		
Street Address 270 BROAD STREET			Street Address 270 BROAD STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903

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

Director Name ARSHAD ALI			Director Name ARSHAD ALI		
Street Address 270 BROAD STREET			Street Address 270 BROAD STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name ARSHAD ALI			Director Name ARSHAD ALI		
Street Address 270 BROAD STREET			Street Address 270 BROAD STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000.00	CWP	$0.0100

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
ARSHAD ALI	MARCH 15, 2021

Signature of Authorized Representative

Arshad Ali

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