



State of Rhode Island and Providence Plantations
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
MAR 23 2021
 BY 5398

1. Entity ID Number 87948		2. Exact name of the Corporation SFN, Inc.			
3. Principal Office Address 300 Brookline Drive			City Warwick	State RI	Zip 0886
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island To own and operate gasoline service station			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Riad Khoury			Vice-President Name Michael Rasla		
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street		
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035
Secretary Name Souhair Batal			Treasurer Name Ebram Rasla		
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street		
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Souhair Batal			Director Name Riad Khoury		
Street Address 300 Brookline Drive			Street Address 300 Brookline Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Michael Rasla			Director Name Ebram Rasla		
Street Address 123 Mechanic Street			Street Address 123 Mechanic Street		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
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			
		300	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 Riad Khoury					Date 03/19/2021
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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