



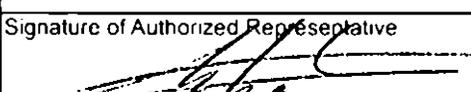
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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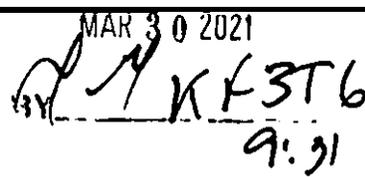
Annual Report for the year: 2021
Corporation

2021 MAR 30 AM 9:31

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

1. Entity ID Number 110912		2. Exact name of the Corporation College Convenience Mart, Inc.			
3. Principal Office Address 664 Admiral Street		City Providence		State RI	Zip 02908
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island To own and operate a gasoline and service station and convenience food store.			
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 Antoine N. Chidiac		Vice-President Name Antoine N. Chidiac			
Street Address 27 Conifer Drive		Street Address 27 Conifer Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Antoine N. Chidiac		Treasurer Name Antoine N. Chidiac			
Street Address 27 Conifer Drive		Street Address 27 Conifer Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <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
		100		Common	No Par Value
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 Antoine N. Chidiac, President					Date 2/27/21
Signature of Authorized Representative 					FILED

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

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