



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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 BUS SVCS DIV
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 2021 APR 27 P 3:02

- 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 001695341		2. Exact name of the Corporation RATHORE, Inc	
3. Principal Office Address 900 Charles st		City N. Providence	State RI
		Zip 02904	
4. NAICS Code 447100	6. Brief description of the character of business conducted in Rhode Island Gas Station and Food Mart		
5. State of Incorporation R.I			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Shaban Asghar		Vice-President Name TALAL A Rathore	
Street Address 5 Kenwood Court		Street Address 4001 N. Main St Apt 407	
City Seekonk	State MA	City Fall River	State MA
Zip 02771		Zip 02720	
Secretary Name Shaban Asghar		Treasurer Name TALAL A RATHORE	
Street Address 5 Kenwood Ct		Street Address 4001 N. Main St APT 407	
City Seekonk	State MA	City Fall River	State MA
Zip 02771		Zip 02720	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 1000	CLASS/SLRILS CNP
		PAR VALUE Ø	
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. <i>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.</i>			
Name of Authorized Representative SHABAN ASGHAR		Date 4/22/21	
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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