



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

STAMP

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 APR 27 P 3 02

1. Entity ID Number 001695341		2. Exact name of the Corporation RATHORE, inc	
3. Principal Office Address 900 Charles street		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 & 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 ARSHAD RATHORE	
Street Address 5 Kenwood Court		Street Address 4001 N. Main street, Apt 407	
City Seekonk	State MA	Zip 02771	City Fall River
			State MA
			Zip 02720
Secretary Name SHABAN Asghar		Treasurer Name TALAL ARSHAD RATHORE	
Street Address 5 Kenwood Court		Street Address 4001 N. Main street, Apt 407	
City Seekonk	State MA	Zip 02771	City Fall River
			State MA
			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	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/SERIFS	
		PAR VALUE	
		1000	CNP
			∅
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 SHABAN ASGHAR			Date 4/22/2021
Signature of Authorized Representative x			

FILED

APR 27 2021

BY CM M3FEN

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