



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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

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1. Entity ID Number 1700481		2. Exact name of the Corporation MADNI CORPORATION	
3. Principal Office Address 823 NEWPORT AVE.		City PAWTUCKET	State RI
		Zip 02861	
4. NAICS Code 447100	6. Brief description of the character of business conducted in Rhode Island GAS STATION WITH CONVENIENCE STORE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SOHEL DUGLA		Vice-President Name	
Street Address 362 RINDGE AVE., APT #16D		Street Address	
City CAMBRIDGE	State MA	Zip 02140	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SOHEL DUGLA		Director Name	
Street Address 362 RINDGE AVE., APT. # 16D		Street Address	
City CAMBRIDGE	State MA	Zip 02140	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
200		COMMON STOCK	0
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 SOHEL DUGLA		Date X 01-11-2021	
Signature of Authorized Representative X S.Y. DUGLA		FILED	

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