



State of Rhode Island

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.

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BUS SVCS DIV

2021 DEC 22 PM 1:18

1. Entity ID Number 001676550		2. Exact name of the Corporation MAJA GROUP INC												
3. Principal Office Address 300 HOPE STREET			City BRISTOL	State RI	Zip 02809									
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name MALIK M ARSLAN			Vice-President Name MALIK M ARSLAN											
Street Address 140B GRANT STREET			Street Address 140B GRANT STREET											
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721									
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0					
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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. 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 MALIK M ARSLAN				Date 12.22.21										
Signature of Authorized Representative 														