



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00 → "DEPT OF STATE"
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**  
 FEB 15 2022  
 BY 3672  
 AS

1. Entity ID Number <b>118986</b>		2. Exact name of the Corporation <b>MAGIC GAS, INC</b>			
3. Principal Office Address <b>1885 MINERAL SPRING AVE</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <b>RI</b>		<b>AUTOMOTIVE REPAR &amp; CAR WASH</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DEEB TANNOUS</b>			Vice-President Name <b>MICHEL DAHER</b>		
Street Address <b>6 CITY VIEW CIRCLE</b>			Street Address <b>8 RIVER VIEW DR</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DEEB TANNOUS</b>			Director Name		
Street Address <b>6 CITY VIEW CIRCLE</b>			Street Address		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>
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 <b>MICHEL DAHER, VP</b>					Date <b>2/05/22</b>
Signature of Authorized Representative					

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