



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 001656959		2. Name of Corporation SNB INC	
3. Street Address Principal Business Office 245 ASHAWAY ROAD		City HOPKINTON	State RI
4. Business Phone No. (860) 910-8989		5. State of Incorporation RHODE ISLAND	

(237120)

6. Brief Description of the Character of Business Conducted in Rhode Island
GAS STATION/CONVENIENCE STORE

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name BHIROOL PATEL			Vice President Name BHIROOL PATEL		
Street Address 35 CRONIN AVENUE			Street Address 35 CRONIN AVENUE		
City PAWCATUCK	State CT	Zip 06379	City PAWCATUCK	State CT	Zip 06379
Secretary Name BHIROOL PATEL			Treasurer Name BHIROOL PATEL		
Street Address 35 CRONIN AVENUE			Street Address 35 CRONIN AVENUE		
City PAWCATUCK	State CT	Zip 06379	City PAWCATUCK	State CT	Zip 06379

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name BHIROOL PATEL			Director Name		
Street Address 35 CRONIN AVENUE			Street Address		
City PAWCATUCK	State CT	Zip 06379	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2000	COMMON	NO PAR VALUE

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, his report must be executed on behalf of the corporation by the receiver or trustee.

FILED

FEB 16 2022

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature: B. Patel Date: 2/14/22
BHIROOL PATEL
Print or Type Name
PRESIDENT
Title