



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <u>001698331</u>		2. Exact name of the Corporation <u>Tofy Mart INC</u>			
3. Principal Office Address <u>905 Narragansett Blvd</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>convenience store</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Harder Albuni</u>			Vice-President Name		
Street Address <u>905 Narragansett Blvd</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0.0</u>	
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 <u>Harder Albuni</u>				Date <u>01/20/23</u>	
Signature of Authorized Representative 				FILED 317 JAN 20 2023 BY <u>Q713MIV</u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021