



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## 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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BUS SVCS DIV

2023 JAN 20 P 3:15

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
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>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
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		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1,000</u></td> <td><u>CNP</u></td> <td><u>0.0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1,000</u>	<u>CNP</u>	<u>0.0</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>1,000</u>	<u>CNP</u>	<u>0.0</u>										
Changes require an additional filing.												
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 		<b>FILED</b> <b>316</b> <b>13 JAN 20 2023</b> <b>BY Q7 BMV</b>										

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov