State of Rhode Island

**Department of State - Business Services Division** 

FILED

FEB 21 2023 D

Annual Report for the year: 2023 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee. \$50.00

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

SNB, Inc   State   Zip   Q2833   SNB, Inc   SNB, Inc   State   Zip   Q2833   SNB, Inc   SNB, Inc   Zip   Q2833   SNB, Inc   Zip   Zip   Q2833   SNB, Inc   Zip	Fenalty Additional \$25.00     Entity ID Number		• •	<u> </u>	····			
245 Ashaway Road  4. NAICS Code 237120  5. State of Incorporation RI  7. List ALL Officers (names and addresses)  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address Check the box to indicate an attachn Precior Name  Street Address City Hopkinton  State RI  Street Address City Hopkinton  State RI  Street Address Check the box to indicate an attachn Precior Name  Street Address City Hopkinton  State RI  Street Address Check the box to indicate an attachn Precior Name  Street Address City State Check the box to indicate an attachn Precior Name  Street Address City State Check the box to indicate an attachn Precior Name  Street Address City State City Stat	•		2. Exact name of the Corporation SNB, Inc					
4. NAICS Code 237120 Gas station/convenience store Gas station/convenience Street Address Gas station/convenience store Gas station/convenience Street Address Gas station/convenience Station/convenience Street Address Gas station/convenience S	3. Principal Office Address			City		State	Zip	
Gas station/convenience store    State of Incorporation   RI	245 Ashaway Road			Hopkinton	1	RI	02833	
5 State of Incorporation RI  7. List ALL officers (names and addresses) President Name Bhirool Patel  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address 245 Ashaway Road  City Hopkinton State RI  Street Address City Hopkinton State RI  Street Address City Hopkinton  Street Address  City Hopkinton  Street Address  City Hopkinton  Street Address  City Hopkinton  State RI  Street Address  City State  City State  Street Address  City State  City Stat	4. NAICS Code	6. Brief desci	6. Brief description of the character of business conducted in Rhode Island					
RI  7. List ALL officers (names and addresses)  7. Check the box to indicate an attachment of the box to indicate an attac	237120	Gas static	Gas station/convenience store					
7. List ALL officers (names and addresses)  President Name Bhirool Patel  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address 245 Ashaway Road  City Hopkinton  State RI  Street Address  City Hopkinton  State RI  Street Address  Check the box to indicate an attachm  Director Name  Street Address  City Hopkinton  State RI  Street Address  City Hopkinton  State RI  Street Address  City Hopkinton  State RI  Street Address  Street Address  City State  Check the box to indicate an attachm  City State  City	5 State of Incorporation	<b>–</b>						
President Name   Bhirool Pate    Street Address   245 Ashaway Road   State   Ashaway Road   Street Address   245 Ashaway Road   State   Ashaway Road   State   Ashaway Road   State   Street Address   Check the box to indicate an attachm   State   Street Address   Str	RI							
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City Hopkinton   State RI   Zip 02833   City Hopkinton   State RI   Zip 02833   City Hopkinton   State RI   Zip 02833   Check the box to indicate an attachm								
8. List ALL directors (names and addresses)  Director Name  Bhirool Patel  Street Address  245 Ashaway Road  City Hopkinton  Director Name  State RI  Director Name  State RI  Zip  O2833  City  Director Name  Director Name  Street Address  City  State  Zip  O2833  City  State  Zip  O2833  City  State  Zip  Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Otheck the box to indicate an attachm  Number OF Shares  Part VALUE  Department of State.  2000  Common  No Par		State RI	<sup>Zip</sup> 02833			State RI	<sup>Z<sub>1</sub>p</sup> 02833	
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City Hopkinton  State RI  Zip 02833  City  Director Name  Director Name  Street Address  City  State  Zip  Oneck the box to indicate an attachm  This information is currently of record in the  NUMBER OF SHAMES  CLASS/SERIES  PAN VALUE  Department of State.  Zip  City  Common  No Par	Street Address 245 Ashaway	Road		Street Address				
Director Name  Street Address  City State Zip City State Zip  9. Shares Authorized 10. Shares Issued Check the box to indicate an attachm NUMBER OF SHARES CLASS/SERIES PAR VALUE  Department of State.  Director Name  Director Name  Director Name  Director Name  Other Address  City State Zip  Check the box to indicate an attachm NUMBER OF SHARES CLASS/SERIES PAR VALUE  Department of State.  Director Name  City State Zip  Check the box to indicate an attachm NUMBER OF SHARES CLASS/SERIES PAR VALUE  Department of State.		Ictato	<sup>Zip</sup> 02833	City		State	Zıp	
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Department of State. 2000 Common No Par								
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I PARTITION TO STATE OF STATE			2000		Common		No Par	
Changes require an accitional lilling.	onanges require an additional ini	9.						
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a reco						ration is in	the hands of a receiver	
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						nanvina s	schedules and	
statements, and that all statements contained herein are true and correct.	statements, and that all stater	ments contained						
Name of Authorized Representative Date	·					Date	2/2/	
10/2)	Bhirool Patel						4/8/23	
Signature of Authorized Representative	Signature of Authorized Repress	entative A						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov