



State of Rhode Island

## Department of State - Business Services Division

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.

**FILED**

FEB 21 2023

BY

60601

1. Entity ID Number <b>001656959</b>		2. Exact name of the Corporation <b>SNB, Inc</b>			
3. Principal Office Address <b>245 Ashaway Road</b>			City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>
4. NAICS Code <b>237120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Gas station/convenience store</b>			
5. State of Incorporation <b>RI</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>Bhirool Patel</b>			Vice-President Name <b>Bhirool Patel</b>		
Street Address <b>245 Ashaway Road</b>			Street Address <b>245 Ashaway Road</b>		
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>
Secretary Name <b>Bhirool Patel</b>			Treasurer Name <b>Bhirool Patel</b>		
Street Address <b>245 Ashaway Road</b>			Street Address <b>245 Ashaway Road</b>		
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>
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>Bhirool Patel</b>			Director Name		
Street Address <b>245 Ashaway Road</b>			Street Address		
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</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		CLASS/SERIES	PAR VALUE
		2000		Common	No Par
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.					
<b>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.</b>					
Name of Authorized Representative <b>Bhirool Patel</b>					Date <b>2/8/23</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630 - Revised: 11/2021