



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 FEB 23 P 12:16

1. Entity ID Number <u>001742701</u>		2. Exact name of the Corporation <u>ADEERA ASSOCIATES INC.</u>			
3. Principal Office Address <u>1117 Douglas Ave Apt # 498</u>		City <u>N. Providence</u>		State <u>RI</u>	Zip <u>02904</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>Zameeruddin Mohammad</u>			Vice-President Name		
Street Address <u>1117 Douglas Ave Apt # 498</u>			Street Address		
City <u>N. Pro</u>	State <u>RI</u>	Zip <u>02904</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Zameeruddin Mohammad</u>			Director Name		
Street Address <u>1117 Douglas Ave Apt # 498</u>			Street Address		
City <u>N. Pro</u>	State <u>RI</u>	Zip <u>02904</u>	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 Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <u>200</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>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. <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 <u>Zameeruddin Mohammad</u>				Date <u>2-23-23</u>	
Signature of Authorized Representative 				FILED 1216 M3 FEB 23 2023 BY <u>ZYGTX</u>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

FORM 620 - Revised 11/2022