



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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BLS SVCS DIV

2022 FEB 23 02:13

1. Entity ID Number <u>001035764</u>		2. Exact name of the Corporation <u>City Line Convenience Plus Inc.</u>	
3. Principal Office Address <u>1015 Narragansett Blvd</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>445100</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail & wholesale of general goods -</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JITENDER BEHL</u>		Vice-President Name	
Street Address <u>1015 Narragansett Blvd.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	
Secretary Name <u>Jitender Behl</u>		Treasurer Name	
Street Address <u>1015 Narragansett Blvd</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	
		<u>10</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>Jitender Behl</u>		Date <u>02-23-23</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY ML CYSXN

FORM 630 - Revised: 11/2021

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