



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

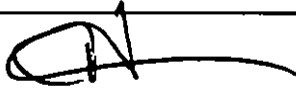
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 10 2023

STATE

6231

SECRETARY OF STATE

1. Entity ID Number 87948		2. Exact name of the Corporation SFN, Inc.												
3. Principal Office Address 300 Brookline Drive			City Warwick	State RI	Zip 02886									
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island To own and operate gasoline service station												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Riad Khoury			Vice-President Name Michael Rasla											
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street											
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035									
Secretary Name Souhair Batal			Treasurer Name Ebram Rasla											
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street											
City Warwick	State RI	Zip 02886	City Foxboro	State MA	Zip 02035									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Souhair Batal			Director Name Riad Khoury											
Street Address 300 Brookline Drive			Street Address 300 Brookline Drive											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Director Name Michael Rasla			Director Name Ebram Rasla											
Street Address 123 Mechanic Street			Street Address 123 Mechanic Street											
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	common	no par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	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.														
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 Riad Khoury				Date 03/08/2023										
Signature of Authorized Representative  / PRESIDENT														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov