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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 IAI'A
Q'	26	START OF STATE

Entity ID Number					<del></del> ·_ <del>_</del>					
87948		2. Exact name of the Corporation SFN, Inc.								
Principal Office Address			City		State	State Zip				
300 Brookline Drive			Warwick		RI		02886			
4 NAICS Code	6 Bnef descrip	6 Brief description of the character of business conducted in Rhode Island								
447190	To own ar	To own and operate gasoline service station								
5. State of Incorporation		and the special gazzania control control								
Rhode Island										
7. List ALL officers (names an	d addresses)			Check	the box to i	ndicate	an attachment 🔲			
President Name Riad Khour	ry		Vice-President Name Michael Rasla							
Street Address 300 Brooklin	ne Drive		Street Address 123 Mechanic Street							
<sup>Crty</sup> Warwick	State RI	<sup>Zip</sup> 02886	<sup>City</sup> Foxboro		State M.	Λ	<sup>Zip</sup> 02035			
Secretary Name Souhair Bata		Treasurer Name Ebram Rasla								
Street Address 300 Brookline Drive			Street Address 123 Mechanic Street							
City Warwick	State RI	<sup>Zip</sup> 02886	City Foxboro		State M.	Λ	<sup>Zip</sup> 02035			
8. List ALL directors (names a	nd addresses)	•		Check	the box to i	ndicate	an attachment 🔲			
Director Name Souhair Batal			Director Name Riad Khoury							
Street Address 300 Brookline Drive			Street Address 300 Brookline Drive							
City Warwick	State RI	<sup>Z<sub>1</sub>p</sup> 02886	City Warwick		State RI		<sup>Zip</sup> 02886			
Director Name Michael Ras	Director Name Ebram Rasla									
Street Address 123 Mechanic Street			Street Address 123 Mechanic Street							
City Foxboro	State MA	<sup>Zip</sup> 02035	City Foxboro		State MA		<sup>Z<sub>ip</sub></sup> 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.		NUMBER OF SHARES		CI ASS/SFRIES		PAR VALUE				
		300		common		no par				
44 This read is 11										
<ol> <li>This report must be execut trustee, this report must be ex</li> </ol>	ted on behalf of the c ecuted on behalf of t	orporation by an au he corporation by the	utnorized repre: ne receiver or ti	sentative. If the corporustee.	oration is in t	the han	ds of a receiver or			
Under penalty of perjury, I d statements, and that all state	eclare and affirm th	at I have examine	d this report, i	ncluding any accor	npanying s	chedul	es and			
Name of Authorized Represen		are true grit	- Joir Col.		Date		10 00			
Riad Khoury 03/08/2023							12013			
Signature of Authorized Repre	esentative	N	- IPR	ESIJEVT						
	_		<del></del>							

MAIL TO:

**Division of Business Services** 

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

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