



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00 ^{75.00}
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

APR 25 2023

BY

1. Entity ID Number 000082958		2. Exact name of the Corporation Island Service and Gas, Inc.			
3. Principal Office Address 392 Broadway		City Providence		State RI	Zip 02909
4. NAICS Code 423120	6. Brief description of the character of business conducted in Rhode Island Gas and Service Station				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ibrahim El-Hawi			Vice-President Name Ibrahim El-Hawi		
Street Address 392 Broadway			Street Address 392 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ibrahim El-Hawi			Treasurer Name Ibrahim El-Hawi		
Street Address 392 Broadway			Street Address 392 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ibrahim El-Hawi			Director Name		
Street Address 392 Broadway			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		1,000		common stock	no par value
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 Ibrahim El-Hawi				Date 4/20/2023	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov