



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.

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|   |                    |  |   |                        |                     |
|---|--------------------|--|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>001683097</b>   |                    | 2. Exact name of the Corporation<br><b>Four Mile Run Center Inc.</b>   |   |                        |                     |
| 3. Principal Office Address<br><b>2359 Research Ct</b>  |                    | City<br><b>Woodbridge</b>  |   | State<br><b>VA</b>     | Zip<br><b>22192</b> |
| 4. NAICS Code<br><b>447100</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Own and operate service stations</b> |   |                        |                     |
| 5. State of Incorporation<br><b>VA</b>  |                    |  |   |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                        |                     |
| President Name<br><b>Abdolhossein Ejtemai</b>   |                    |  | Vice-President Name   |                        |                     |
| Street Address<br><b>2900 Telestar Ct</b>   |                    |  | Street Address  |                        |                     |
| City<br><b>Falls Church</b>   | State<br><b>VA</b> | Zip<br><b>22042</b>  | City  | State                  | Zip                 |
| Secretary Name<br><b>Abdolhossein Ejtemai</b>   |                    |  | Treasurer Name<br><b>Abdolhossein Ejtemai</b>   |                        |                     |
| Street Address<br><b>2900 Telestar Ct</b>   |                    |  | Street Address<br><b>2900 Telestar Ct</b>   |                        |                     |
| City<br><b>Falls Church</b>   | State<br><b>VA</b> | Zip<br><b>22042</b>  | City<br><b>Falls Church</b>   | State<br><b>VA</b>     | Zip<br><b>22042</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                        |                     |
| Director Name<br><b>Abdolhossein Ejtemai</b>  |                    |  | Director Name   |                        |                     |
| Street Address<br><b>2900 Telestar Ct</b>   |                    |  | Street Address  |                        |                     |
| City<br><b>Falls Church</b>   | State<br><b>VA</b> | Zip<br><b>22042</b>  | City  | State                  | Zip                 |
| Director Name   |                    |  | Director Name   |                        |                     |
| Street Address  |                    |  | Street Address  |                        |                     |
| City  | State              | Zip  | City  | State                  | Zip                 |
| 9. Shares Authorized  |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES CLASS/SERIES PAR VALUE   |                        |                     |
|   |                    |  | <b>1000</b>   | <b>C</b>               | <b>\$1.00</b>       |
| 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.<br>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<br><b>Abdolhossein Ejtemai</b>  |                    |  |   | Date<br><b>5/23/23</b> |                     |
| Signature of Authorized Representative<br>  |                    |  |   | FILED                  |                     |