



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 11 - 2:30

1. Entity ID Number 001663668		2. Exact name of the Corporation ZINA INTERNATIONAL MARKET INC	
3. Principal Office Address 1280 CRANSTON ST		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island CONVENIENCE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RIMA ALHAKIM		Vice President Name RIMA ALHAKIM	
Street Address 1280 CRANSTON ST		Street Address 1280 CRANSTON ST	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RIMA ALHAKIM		Director Name	
Street Address 1280 CRANSTON ST		Street Address	
City CRANSTON	State RI	City	State
Zip 02920		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 1000	CLASSIFICATION CNP
Changes require an additional filing.			7
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 RIMA ALHAKIM		Date 8/3/23	
Signature of Authorized Representative X Rima Alhakim		FILED 240	

MAIL TO:

Division of Business Services

111 W. Water Street, Providence, Rhode Island 02904-2615

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Website: www.sos-ri.gov

OCT 11 2023

BY Amwbl