



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

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

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 OCT 11 - 2:30

1. Entity ID Number <b>001663668</b>		2. Exact name of the Corporation <b>ZINA INTERNATIONAL MARKET INC</b>			
3. Principal Office Address <b>1280 CRANSTON ST</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONVENIENCE</b>			
5. State of Incorporation <b>RI</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 <b>RIMA ALHAKIM</b>			Vice President Name <b>RIMA ALHAKIM</b>		
Street Address <b>1280 CRANSTON ST</b>			Street Address <b>1280 CRANSTON ST</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RIMA ALHAKIM</b>			Director Name		
Street Address <b>1280 CRANSTON ST</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</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.  Changes require an additional filing.			NUMBER OF SHARES <b>1000</b>	CLASSIFICATION <b>CNP</b>	PAR VALUE <b>0</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.					
<b>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.</b>					
Name of Authorized Representative <b>RIMA ALHAKIM</b>					Date <b>8/3/23</b>
Signature of Authorized Representative <i>X Rima Alhakim</i>					<b>FILED 240</b>

MAIL TO:  
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Website: www.sos.ri.gov

OCT 11 2023  
BY Amwbl