



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2019  
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 P 2:34

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name RIMA ALHAKIM		Vice-President Name RIMA ALHAKIM	
Street Address 1280 CRANSTON ST		Street Address 1280 CRANSTON ST	
City CRANSTON	State RI	Zip 02920	City CRANSTON
State RI	Zip 02920	City CRANSTON	State RI
Zip 02920	City CRANSTON		
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name RIMA ALHAKIM		Director Name	
Street Address 1280 CRANSTON ST		Street Address	
City CRANSTON	State RI	Zip 02920	City
State RI	Zip 02920	City	State
Zip 02920	City		
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
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.		NUMBER OF SHARES 1000	
Changes require an additional filing.		CLASS SERIES CNP	
		PAR VALUE 0	
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 237

MAIL TO:  
Division of Business Services  
151 W. River Street, Providence, Rhode Island 02904-2615  
Phone: 401-222-3440  
Website: www.sos.ri.gov

OCT 11 2023  
BY AmwBR

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