



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2018

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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT 11 2 34

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>
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>	City <b>CRANSTON</b>	State <b>RI</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
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>	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/CLASS <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.			
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 <b>RIMA ALHAKIM</b>		Date <b>8/3/23</b>	
Signature of Authorized Representative <i>Rima Alhakim</i>		<b>FILED 236</b>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

OCT 11 2023

BY **AnnBR**