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Website: www.sos.ri.gov

State of Rhode Island

Department of State - Business Services Division

| Annual Report for the year: 2023 | | | RECEIVED | | | | |
|---------------------------------------------------------------------------|------------------------------------------|------------------------------------|-----------------------|-------------------------------------|-------------------|------------------|--|
| orporation Filing period: February 1 - May 1 | | | | B.I. DEPT. OF STATE BUS SVOS DIV | | | |
| Filing Fee: \$50.00 | | ้อบริ รังตร กาง | | | | | |
| → Penalty: Additional \$25.00 | - | | | | | | |
| Entity ID Number | 2. Exact nam | | 2023-051 | | - | | |
| 000110594 | | | | | | | |
| Principal Office Address | | | City | | State | Zip | |
| 575 MAIN ST | WOONS | OCKET | RI | 02895 | | | |
| 4. NAICS Code | 6. Brief descr | iption of the charact | er of business c | onducted in Rhode | e Island | | |
| 1445120 | | | | | | | |
| 5. State of Incorporation | State of Incorporation CONVENIENCE STORE | | | | | | |
| RI | I CON | verileit | 5 10 | 176 | | | |
| 7. List ALL officers (names and ad | ldresses) | | | Check the | box to indicate | an attachment | |
| President Name MAHER TANI | Vice-President | Vice-President Name MAHER TANBAKJI | | | | | |
| Street Address 575 MAIN ST | Street Address 575 MAIN ST | | | | | | |
| 2 | Zip | | <u></u> | | | | |
| City WOONSOCKET | State RI | ^{Zip} 02895 | City WOONSOCKET | | RI | 02895 | |
| Secretary Name | | | Treasurer Nam | ne | | | |
| Street Address | Street Address | | | | | | |
| City State | | Zip | City | City S:ate Zip | | | |
| | <u> </u> | | | | | | |
| 8. List ALL directors (names and a Director Name | | | Director Name | | box to indicate | an attachment | |
| MAHER TANB | AKJI | | Director (Varie | | | | |
| Street Address 575 MAIN ST | Street Address | Street Address | | | | | |
| City WOONSOCKET | State RI | ^{Zip} 02895 | City | | State | Zip | |
| Director Name | 1 13 | 02093 | Director Name | | | | |
| | | | Director (Value | | | | |
| Street Address | | | Street Address | ; | | | |
| City | State | Zip | City | | State | Ζ̈́ρ | |
| | | | | | | | |
| 9. Shares Authorized This information is currently of reco | Jed SHARES | | e box to indicate | | | | |
| Department of State. | ora in the | 1, 000 | <u> </u> | | | | |
| Changes require an additional filing. | | |) | CN | | <u> </u> | |
| | | 1 | | | | | |
| 11. This report must be executed a | on behalf of the | corporation by an a | uthorized repres | sentative. If the cor | poration is in th | e hands of a re- | |
| ceiver or trustee, this report must Under penalty of perjury, I declar | be executed on | behalf of the corpor | ation by the rece | eiver or trustee. | | | |
| statements, and that all stateme | ents contained | herein are true and | d correct. | ncluding any acc | ompanying sci | reduies and | |
| Name of Authorized Representation | | | | ٠,٠٠ | y Date | 7 41 | |
| MAHER TA | | L | <u></u> | V | FIBEO23 | | |
| Signature of Authorized Represen | | | | PILED (| OCT 1 1 2023 | | |
| × Mahel | lanling | | · | | <u>ENM</u> | 76 | |
| MAIL TO: Division of Business Services | | | | AUG U 478 | | | |
| 143 W. River Street, Providence, Rhod | ie Island 02904-20 | 615 | BY | | | | |

FORM 630- Revised (64/20/2)