



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 11 P 2:39

1. Entity ID Number 000110594		2. Exact name of the Corporation SUN & DAWN INC	
3. Principal Office Address 575 MAIN ST		City WOONSOCKET	State RI
		Zip 02895	
4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MAHER TANBAKJI		Vice-President Name MAHER TANBAKJI	
Street Address 575 MAIN ST		Street Address 575 MAIN ST	
City WOONSOCKET	State RI	City WOONSOCKET	State RI
Zip 02895		Zip 02895	
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 MAHER TANBAKJI		Director Name	
Street Address 575 MAIN ST		Street Address	
City WOONSOCKET	State RI	City	State
Zip 02895		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	CLASS/SERIES
Changes require an additional filing.		1000	CNP
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 MAHER TANBAKJI		Date 8/3/23	
Signature of Authorized Representative <i>x Mahertanbakji</i>		FILED 240	

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