



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
Corporation

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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.

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1. Entity ID Number 000856473		2. Exact name of the Corporation JUDE, INC.	
3. Principal Office Address 2336 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
4. NAICS Code 447100	6. Brief description of the character of business conducted in Rhode Island CONVENIENT STORE - GAS STATION Title: 7-1.2-1701		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KHALED ISMAIL		Vice-President Name SAME	
Street Address 768 ALLEN AVE		Street Address	
City NORTH ATTLEBORO	State MA	Zip 02762	
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	CNP
Changes require an additional filing.			PAR VALUE
			\$0.00
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 Khaled Ismail		Date 11/03/2023	
Signature of Authorized Representative 		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

NOV 03 2023 2:32pm

BY LKS KJWAD FORM 630- Revised: 04/2023