



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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 DEC 29 P 3 22

1. Entity ID Number <u>001745969</u>		2. Exact name of the Corporation <u>MEGA TIGUCC AVE INC</u>				
3. Principal Office Address <u>585 TIGUCC AVE</u>			City <u>COLONIA</u>	State <u>RI</u>	Zip <u>07816</u>	
4. NAICS Code <u>457000</u>		6. Brief description of the character of business conducted in Rhode Island <u>GAS STATION</u>				
5. State of Incorporation <u>RI</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>MIK M SALPOM</u>			Vice-President Name			
Street Address <u>188 CLEARWATER CIRCLE</u>			Street Address			
City <u>LUDLOW</u>	State <u>MA</u>	Zip <u>01056</u>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	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	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<u>1,000</u>		<u>CNP</u>	<u>00</u>	
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 <u>MIK M SALPOM</u>				Date <u>01/29/23</u>		
Signature of Authorized Representative <u>[Signature]</u>				DEC 29 2023 BY <u>04582</u>		

MAIL TO:
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Website: www.sos.ri.gov