



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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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BUS SVCS DIV

2023 DEC 29 P 3:22

1. Entity ID Number <u>001745969</u>		2. Exact name of the Corporation <u>MEGA TROQUE LLC INC</u>										
3. Principal Office Address <u>585 TROQUE AVE</u>		City <u>COVENTRY</u>	State <u>RI</u> Zip <u>02816</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>MIAM 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>										
Secretary Name		Treasurer Name										
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1,000</u></td> <td><u>CNP</u></td> <td><u>00</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1,000</u>	<u>CNP</u>	<u>00</u>			
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<u>1,000</u>	<u>CNP</u>	<u>00</u>										
Changes require an additional filing.												
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>MIAM SALPOM</u>		Date <u>01/29/23</u>										
Signature of Authorized Representative <u>[Signature]</u>		DEC 29 2023 <u>04582</u>										

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov