



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2024 JAN - 4 A 10:13

1. Entity ID Number 001665952		2. Exact name of the Corporation ROAD RUNNERS FOOD MART INC			
3. Principal Office Address 2862 HARTFORD AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 447110		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Shujah Gondal			Vice-President Name		
Street Address 42 Croft + Road			Street Address		
City Naugatuck	State CT	Zip 06770	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 10,000	CLASS/SERIES CNP	PAR VALUE 0
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 HUSSNAIN GONDAL					Date 12/29/2023
Signature of Authorized Representative 					

FILED

JAN 04 2024

BY WTWSY

A.A. 10:17 A.M.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov