



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.

REC'D RI SOS BSO
24 JAN 29 PM 3:04:43

1. Entity ID Number <u>000146050</u>		2. Exact name of the Corporation <u>MAHROUK INC</u>	
3. Principal Office Address <u>10 DORRANCE ST</u>		City <u>Providence</u>	State <u>R-I</u>
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>convenience store</u>	
5. State of Incorporation <u>RHODE ISLAND</u>		Zip <u>02903</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MOHAMMED A. MALIK</u>		Vice-President Name <u>SOMTUL MALIK</u>	
Street Address <u>50 CYNTHIA LANE</u>		Street Address <u>50 CYNTHIA LANE</u>	
City <u>ATTELBORO</u>	State <u>MA</u>	City <u>ATTELBORO</u>	State <u>MA</u>
Zip <u>02703</u>		Zip <u>02703</u>	
Secretary Name <u>MAHROUK MALIK</u>		Treasurer Name	
Street Address <u>50 CYNTHIA LANE</u>		Street Address	
City <u>ATTELBORO</u>	State <u>MA</u>	City	State
Zip <u>02703</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NIHAL MALIK</u>		Director Name	
Street Address <u>50 DORRANCE CYNTHIA LANE</u>		Street Address	
City <u>ATTELBORO</u>	State <u>MA</u>	City	State
Zip <u>02703</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>STK</u>
			PAR VALUE <u>01</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>MOHAMMED A. MALIK</u>		Date <u>1-29-24</u>	
Signature of Authorized Representative <u>M. A. Malik</u>		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

JAN 29 2024

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