



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 RIDOS BSD
24 MAR 19 AM 8:59

1. Entity ID Number 1001505		2. Exact name of the Corporation JEFFERSON BLVD. MINI MART INC	
3. Principal Office Address 15 JEFFERSON BOULEVARD		City WARWICK	State RI
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island mini mart product / service	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SAMER MAMMOUD		Vice-President Name SAED MAHMOUD	
Street Address 89 SHAUKEY LANE		Street Address 33 COOPER ROAD	
City SOUTHINGTON	State CT	Zip 06489	City NORTH MAVEN
			State CT
			Zip 06473
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
		100	0.01
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. <i>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.</i>		Date 3-19-24	
Name of Authorized Representative Saed Mahmoud			
Signature of Authorized Representative <i>Saed Mahmoud</i>			

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

FILED

FORM 630- Revised: 12/2023

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BY ML 456