



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.

REC'D RI SOS BSC  
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1. Entity ID Number <b>1061505</b>		2. Exact name of the Corporation <b>JEFFERSON BLVD. MINI MART INC</b>	
3. Principal Office Address <b>15 JEFFERSON BOULEVARD</b>		City <b>WARWICK</b>	State <b>Rt</b>
4. NAICS Code <b>447110</b>		6. Brief description of the character of business conducted in Rhode Island <b>mini mart product / service</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>SAMER MAMMOUD</b>		Vice-President Name <b>SAED MAHMOUD</b>	
Street Address <b>89 SHAFFER LANE</b>		Street Address <b>33 COOPER ROAD</b>	
City <b>SOUTHINGTON</b>	State <b>CT</b>	City <b>NORTH AVEN</b>	State <b>CT</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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	City	State
Zip		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>0.01</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Saed Mahmoud</b>		Date <b>3-19-24</b>	
Signature of Authorized Representative <b>Saed Mahmoud</b>			

MAR 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

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