



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.

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| | | | |
|--|--------------------|---|----------------------------|
| 1. Entity ID Number <u>001686918</u> | | 2. Exact name of the Corporation <u>SEENO MINI MART INC</u> | |
| 3. Principal Office Address <u>3344 WEST SHORE ROAD</u> | | City <u>WARWICK</u> | State <u>RI</u> |
| 4. NAICS Code <u>447100</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>PRODUCT / SERVICE</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>SAED MAHMOUD</u> | | Vice-President Name <u>SANER MAHMOUD</u> | |
| Street Address <u>89 SHUWEKY LANE</u> | | Street Address <u>89 SHUWEKY LANE</u> | |
| City <u>SOUTHINGTON</u> | State <u>CT</u> | Zip <u>06489</u> | City <u>SOUTHINGTON</u> |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| 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 |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| 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 | |
| | | PAR VALUE | |
| | | <u>200</u> | <u>STK</u> |
| | | | <u>1.00</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>ISAAC ALFORD</u> | | Date <u>3-20-24</u> | |
| Signature of Authorized Representative <u>[Signature]</u> <u>912</u> | | | |

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

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BY V8734

FORM 630- Revised. 12/2023