



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 RHODES BSD
14 MAR 20 AM 9:10:4

1. Entity ID Number 001686918		2. Exact name of the Corporation SEENO MINI MART INC	
3. Principal Office Address 3344 WEST SHORE ROAD		City WARWICK	State RI
		Zip 02886	
4. NAICS Code 447100	6. Brief description of the character of business conducted in Rhode Island 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 SAED MAHMOUD		Vice-President Name SAMER MAHMOUD	
Street Address 89 SHWEKY LANE		Street Address 89 SHWEKY LANE	
City SOUTHINGTON	State CT	Zip 06489	City SOUTHINGTON
			State CT
			Zip 06489
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
		200	STK
		PAR VALUE	1.00
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>			
Name of Authorized Representative ISABEL ALPHEIDA			Date 3-20-24
Signature of Authorized Representative <i>Isabel Alpheid</i>			FILED 911

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

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BY V8734