



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  
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| 1. Entity ID Number<br><u>000157216</u>   |  | 2. Exact name of the Corporation<br><u>95 SINOLO INC.</u>  |                    |                  |              |           |              |                   |            |  |  |  |
|---|--|--|--------------------|------------------|--------------|-----------|--------------|-------------------|------------|--|--|--|
| 3. Principal Office Address<br><u>100 NOOSENECK HILL RD</u>   |  | City<br><u>West Greenwich</u>  | State<br><u>RI</u> |                  |              |           |              |                   |            |  |  |  |
|   |  | Zip<br><u>02817</u>  |                    |                  |              |           |              |                   |            |  |  |  |
| 4. NAICS Code<br><u>447110</u>  | 6. Brief description of the character of business conducted in Rhode Island<br><u>GASOLINE STATION</u> |  |                    |                  |              |           |              |                   |            |  |  |  |
| 5. State of Incorporation<br><u>RI</u>  |  |  |                    |                  |              |           |              |                   |            |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |  |                    |                  |              |           |              |                   |            |  |  |  |
| President Name<br><u>Joseph Mitr</u>  |  | Vice-President Name  |                    |                  |              |           |              |                   |            |  |  |  |
| Street Address<br><u>8 RIATA DRIVE</u>  |  | Street Address   |                    |                  |              |           |              |                   |            |  |  |  |
| City<br><u>LINCOLN</u>  | State<br><u>RI</u>   | Zip<br><u>02865</u>  |                    |                  |              |           |              |                   |            |  |  |  |
| Secretary Name  |  | Treasurer Name   |                    |                  |              |           |              |                   |            |  |  |  |
| Street Address  |  | Street Address   |                    |                  |              |           |              |                   |            |  |  |  |
| City  | State  | 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<br><u>Joseph Mitr</u>   |  | Director Name  |                    |                  |              |           |              |                   |            |  |  |  |
| Street Address<br><u>8 RIATA DRIVE</u>  |  | Street Address   |                    |                  |              |           |              |                   |            |  |  |  |
| City<br><u>LINCOLN</u>  | State<br><u>RI</u>   | Zip<br><u>02865</u>  |                    |                  |              |           |              |                   |            |  |  |  |
| Director Name   |  | Director Name  |                    |                  |              |           |              |                   |            |  |  |  |
| Street Address  |  | Street Address   |                    |                  |              |           |              |                   |            |  |  |  |
| City  | State  | Zip  |                    |                  |              |           |              |                   |            |  |  |  |
| 9. Shares Authorized  |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |                  |              |           |              |                   |            |  |  |  |
| This information is currently of record in the Department of State.   |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>10000</u></td> <td><u>COMMON STK</u></td> <td><u>.01</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <u>10000</u> | <u>COMMON STK</u> | <u>.01</u> |  |  |  |
| NUMBER OF SHARES  | CLASS/SERIES   | PAR VALUE  |                    |                  |              |           |              |                   |            |  |  |  |
| <u>10000</u>  | <u>COMMON STK</u>  | <u>.01</u>   |                    |                  |              |           |              |                   |            |  |  |  |
|   |  |  |                    |                  |              |           |              |                   |            |  |  |  |
| Changes require an additional filing.   |  |  |                    |                  |              |           |              |                   |            |  |  |  |
| 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<br><u>Joseph Mitr</u>   |  | Date<br><u>4/8/24</u>  |                    |                  |              |           |              |                   |            |  |  |  |
| Signature of Authorized Representative<br><u>[Signature]</u>  |  |  |                    |                  |              |           |              |                   |            |  |  |  |

MAIL TO:  
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FORM 630- Revised: 12/2023

BY FSS89 2:44  
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