



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 APR 8 PM 2:42:55

1. Entity ID Number <u>000157216</u>		2. Exact name of the Corporation <u>95 SINOLO INC.</u>					
3. Principal Office Address <u>100 NOOSENECK HILL RD</u>		City <u>West Greenwich</u>		State <u>RI</u>	Zip <u>02817</u>		
4. NAICS Code <u>447110</u>		6. Brief description of the character of business conducted in Rhode Island <u>GASOLINE STATION</u>					
5. State of Incorporation <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 <u>Joseph Mitr</u>			Vice-President Name				
Street Address <u>8 RIATA DRIVE</u>			Street Address				
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	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 <u>Joseph Mitr</u>			Director Name				
Street Address <u>8 RIATA DRIVE</u>			Street Address				
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	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.  Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			<u>10000</u>	<u>COMMON STK</u>	<u>.01</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. <u>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.</u>							
Name of Authorized Representative <u>Joseph M. Mitr</u>					Date <u>4/8/24</u>		
Signature of Authorized Representative <u>[Signature]</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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FORM 630- Revised: 12/2023

BY FSS89 2:44  
APC