



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. Entry ID Number <b>000110912</b>		2. Exact name of the Corporation <b>College Convenience Mart, Inc.</b>			
3. Principal Office Address <b>664 ADMIRAL STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>447110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE A GASOLINE AND SERVICE STATION AND CONVENIENCE FOOD STORE.</b>			
5. State of Incorporation <b>RHODE ISLAND</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>ANTOINE N. CHIDIAC</b>			Vice-President Name <b>ANTOINE N. CHIDIAC</b>		
Street Address <b>27 CONIFER DRIVE</b>			Street Address <b>27 CONIFER DRIVE</b>		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>ANTOINE N. CHIDIAC</b>			Treasurer Name <b>ANTOINE N. CHIDIAC</b>		
Street Address <b>27 CONIFER DRIVE</b>			Street Address <b>27 CONIFER DRIVE</b>		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
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	Zip	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		
			100 COMMON NO PAR VALUE		
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>ANTOINE N. CHIDIAC, PRESIDENT</b>				Date <b>2/29/2024</b>	
Signature of Authorized Representative 					

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