



**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 001712865		2. Exact name of the Corporation Warwick Petroleum Corp.					
3. Principal Office Address 15 Jon C Barry Drive				City North Attleboro		State MA	Zip 02760
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Gas station with convenience store					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>							
President Name Bechara Baz			Vice-President Name Khoder Haidar				
Street Address 15 Jon C Barry Drive			Street Address 426 Grand Avenue				
City North Attleboro		State MA	Zip 02760	City Pawtucket		State RI	Zip 02861
Secretary Name Bechara Baz			Treasurer Name Khoder Haidar				
Street Address 15 Jon C Barry Drive			Street Address 426 Grand Avenue				
City North Attleboro		State MA	Zip 02760	City Pawtucket		State RI	Zip 02861
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	PAR VALUE
				1,000		CNP	\$0.0000
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 Bechara Baz						Date 3/4/24	
Signature of Authorized Representative						FILED	

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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