



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. 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) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
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) <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					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES 1,000	CLASS/SERIES CNP	PAR VALUE \$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. <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 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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FORM 630- Revised: 12/2023