State of Rhode IslandFee: \$50.0Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 001689798
2. Name of Corporation Lenox Convenience Inc
3. Street Address Principal Business Office:
No. and Street: 610A ELMWOOD AVENUE
City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>USA</u>
4. Business Phone No.
401-499-2040
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>445120</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
CONVENIENCE STORE
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

PRESIDENT	Individual Name First, Middle, Last, Suffix TARIQ KHALIL		Address Address, City or Town, State, Zip Code, Country 610A ELMWOOD AVENUE PROVIDENCE, RI 02907 USA		
TRESIDENT					
Shares Authorized and	Issued				
Class of Stock			alue Per aare	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000		1,000.00	1000
ompliance with R.I. Gen.	Laws § /-1.2.				nic filing, in
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by <u>TARIQ KHALIL</u> Signature of Authorize	d Representative of th	he Corpo	ration		
	d Representative of th	he Corpo	ration		
Signature of Authorize orm No. 630 evised 09/07 0 2007 - 2024 State of Rhode Island	d Representative of t	he Corpo	ration		
Signature of Authorize	d Representative of t		ration		