



**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 RI SOS
 APR 17 4:02:12 PM '24

1. Entity ID Number 000096856		2. Exact name of the Corporation A & B Convenience & Deli Inc.			
3. Principal Office Address 1245 Chalkstone Avenue			City Providence	State RI	Zip 02908
3. NAICS Code 445120		4. Brief description of the character of business conducted in Rhode Island Convenience Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mohammed Hachem			Vice-President Name Mamdouh Amer		
Street Address 1245 Chalkstone Avenue			Street Address 1245 Chalkstone Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Mohammed Hachem			Treasurer Name Mohammed Hachem		
Street Address 1245 Chalkstone Avenue			Street Address 1245 Chalkstone Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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			
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	1.00	
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. FILED					
Name of Authorized Representative Mohammed Hachem					Date
Signature of Authorized Representative					APR 17 2024
					BY <u>4862</u>

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov