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**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.

1. Entity ID Number 000054686		2. Exact name of the Corporation AJ'S MINI MARKET, INC.			
3. Principal Office Address 939 SOCIAL STREET			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island Operation of a 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 ANTOINE EL HOSRI			Vice-President Name		
Street Address 52 BLACKSTONE STREET			Street Address		
City MENDON	State MA	Zip 01756	City	State	Zip
Secretary Name ANTOINE EL HOSRI			Treasurer Name ANTOINE EL HOSRI		
Street Address 52 BLACKSTONE STREET			Street Address 52 BLACKSTONE STREET		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
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/STRIKES	
		PAR VALUE			
		100	COMMON	NO PAR	
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 ANTOINE EL HOSRI, PRESIDENT					Date 4/22/2024
Signature of Authorized Representative 					FILED

APR 23 2024
BY ML ZKJY7