



State of Rhode Island
Department of State - Business Services Division

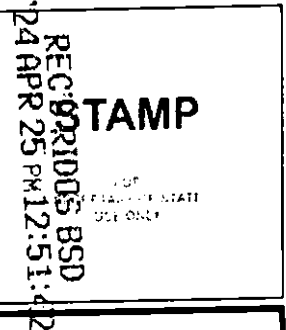
Annual Report for the year: 2024

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 000144591		2. Exact name of the Corporation B D MART, INC.	
3. Principal Office Address 1356 CRANSTON STREET		City CRANSTON	State RI
		Zip 02910	
4. NAICS Code 445120	6. 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 FELIX D. AKINJISOLA		Vice-President Name BOLA AKINJISOLA	
Street Address 1356 CRANSTON STREET		Street Address 1356 CRANSTON STREET	
City CRANSTON	State RI	Zip 02910	City CRANSTON
			State RI
			Zip 02910
Secretary Name BOLA AKINJISOLA		Treasurer Name	
Street Address 1356 CRANSTON STREET		Street Address	
City CRANSTON	State RI	Zip 02910	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FELIX D. AKINJISOLA		Director Name BOLA AKINJISOLA	
Street Address 1356 CRANSTON STREET		Street Address 1356 CRANSTON STREET	
City CRANSTON	State RI	Zip 02910	City
			State
			Zip
Director Name FELIX D. AKINJISOLA		Director Name	
Street Address 1356 CRANSTON STREET		Street Address	
City CRANSTON	State RI	Zip 02910	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	
		4,000	STK
			0.00
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 VINCENT LEVROS		Date 04/22/2024	
Signature of Authorized Representative 		BY <u>gdt72</u>	