State of Rhode Island
Department of State - Business Services Division

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'24 MAY 29 PM3:26:15
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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	2. Exact name of the Corporation			
000143010	ASH MART, INC.			
3. Principal Office Address		City	State	Zip
2 CARROLL AVENUE		NEWPORT	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445120	TO OWN, MANAGE AND OPERATE A CONVENIENCE STORE AND DELI			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MAHA CHAMSEDDINE					
Street Address			Street Address		
21 WOOD ROAD					
City	State	Zip	City	State	Zip
MIDDLETOWN	RI	02842			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This Information is currently of record in the Department of State.	8000/100 ISSUEC	CWP	NO PAR VALUE
Changes require an additional filing.			

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		Date
MAHA CHAMSEDDINE	FILED	05/19/2024
Signature of Authorized Representative	MAY 29 2024 BY EK96R	

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

FORM 630- Revised: 12/2023