



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.

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1. Entity ID Number <u>00082958</u>		2. Exact name of the Corporation <u>ISLAND SERVICE AND GAS INC</u>			
3. Principal Office Address <u>392 BROADWAY</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
4. NAICS Code <u>423600</u>		6. Brief description of the character of business conducted in Rhode Island <u>GAS + SERVICE STATION</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>IBRAHIM EL HAWI</u>			Vice-President Name <u>IBRAHIM EL HAWI</u>		
Street Address <u>392 BROADWAY</u>			Street Address <u>392 BROADWAY</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
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 <u>IBRAHIM EL HAWI</u>			Director Name		
Street Address <u>392 BROADWAY</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES <u>1,000.</u>		CLASS/SERIES <u>COMMON STOCK</u>
			PAR VALUE <u>NO PAR VALUE</u>		
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. <u>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.</u>					
Name of Authorized Representative <u>IBRAHIM EL HAWI</u>					Date <u>7/8/2024</u>
Signature of Authorized Representative <u>X [Signature]</u>					

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

FILED
JUL 08 2024
BY 9402 AA.