



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

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 RIDGS BSO
24 AUG 19 PM 12:59:30

1. Entity ID Number <u>000694060</u>		2. Exact name of the Corporation <u>Shop and Go inc</u>												
3. Principal Office Address <u>216 Union Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>									
4. NAICS Code <u>624210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Convenience store</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name <u>Kalida Solomon</u>			Vice-President Name											
Street Address <u>216 Union Ave</u>			Street Address											
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip									
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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td><u>STK</u></td> <td><u>\$0.000</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>	<u>STK</u>	<u>\$0.000</u>			
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<u>100</u>	<u>STK</u>	<u>\$0.000</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. 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 <u>Kalida Solomon</u>				Date <u>8/19/24</u>										
Signature of Authorized Representative <u>K. Solomon</u>				FILED										

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

AUG 19 2024

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BY 073014
FORM 650 Revised 12/2023