



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024 AMENDED**

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 RIDOS BSD
24 OCT 2 AM 11:11:03

1. Entity ID Number 000123808		2. Exact name of the Corporation Ibrahim Enterprises Corporation			
3. Principal Office Address 33 JEFFERSON BOULEVARD			City WARWICK	State RI	Zip 02888
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE /GAS STATION TITLE: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BADAWI SLEIMAN			Vice-President Name BADAWI SLEIMAN		
Street Address 33 JEFFERSON BLVD			Street Address 33 JEFFERSON BLVD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name BADAWI SLEIMAN			Treasurer Name BADAWI SLEIMAN		
Street Address 33 JEFFERSON BLVD			Street Address 33 JEFFERSON BLVD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
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/SERIES PAR VALUE		
			200 CWP 0.01		
			200 CWP 0.01		
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 <i>Badawi Sleiman</i>					Date
Signature of Authorized Representative <i>Badawi Sleiman</i>					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

OCT 02 2024
BY *Ky* FORM 630 - Revised: 12/2023
11:11



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 02, 2024 11:11 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

