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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 001 733 588		2. Exact name of the Corporation AMERICAN DREAM OF TIVERTON												
3. Principal Office Address 400 MAIN ROAD		City TIVERTON		State RI	Zip 02878									
4. NAICS Code 447100		6. Brief description of the character of business conducted in Rhode Island GAS STATION												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name SAED MAHMOUD			Vice-President Name SAMER MAHMOUD											
Street Address 33 COOPER ROAD			City MARION											
City N HAVEN	State CT	Zip 06473	City MARION	State CT	Zip 06444									
Secretary Name HAMDAN AHMAD			Treasurer Name											
Street Address 901 SCITUATE AVE			Street Address											
City CRANSTON	State RI	Zip 02921	City	State	Zip									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>90</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	90			
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200	CNP	90												
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 SAED MAHMOUD			Date 12-23-24											
Signature of Authorized Representative 														

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 9:56**DEC 23 2024**

FORM 630- Revised 12/2023

BY MMCSZ CSR