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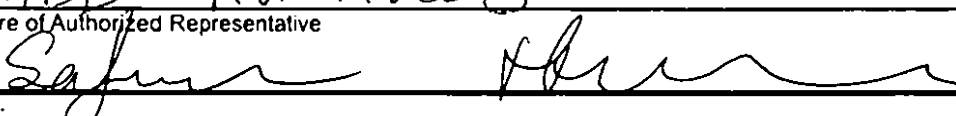
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2023

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 001733588		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 MANDAN 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES CNP	PAR VALUE 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 					

BERRY DRIVE

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 9:54

DEC 23 2024

FORM 630- Revised: 12/2023

BY MMCSE CBR