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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	2. Exact name of the Corporation		
000125236	WESTERLY PETROMART, INC.		
3. Principal Office Address	City	State	Zip
249 Post Road	Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
447100	Convenience Store		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Edward Bakleh	Iyad Chahine
Street Address: 31 Wilbur Road	Street Address: 36 Pettaquamscutt Lake
City: Lincoln, State: RI, Zip: 02865	City: Narragansett, State: RI, Zip: 02882
Secretary Name: Iyad Chahine	Treasurer Name: Edward Bakleh
Street Address: 36 Pettaquamscutt Lake	Street Address: 31 Wilbur Road
City: Narragansett, State: RI, Zip: 02882	City: Lincoln, State: RI, Zip: 02865

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	1

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	Date
Edward Bakleh	1/9/2025

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 11:45
JAN 10 2025
BY 4YDP8

FORM 630- Revised 12/2023