RI SOS Filing Number: 202564240560 Date: 2/3/2025 4:00:00 PM

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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			
000146050	MAHRUKH INC			
3. Principal Office Address		City	State	Zip
10 DORRANCE ST		Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445120	CONVIENCE STORE			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
MOHAMMED A MALIK			SUHRUL MALIK		
Street Address			Street Address		
50 CYNTHIA LANE			50 CYNTHIA LANE		
City	State	Zip	City	State	Zip
ATTELBORO	MA	02703	ATTELBORO	MA	02703
Secretary Name			**Treasurer Name**		
MAHRUKH MALIK					
Street Address			Street Address		
50 CYNTHIA LANE					
City	State	Zip	City	State	Zip
ATTELBORO	MA	02703			

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

Director Name			Director Name		
NIHAL MALIK					
Street Address			Street Address		
50 CYNTHIA LANE					
City	State	Zip	City	State	Zip
ATTELBORO	MA	02703			
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000		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	Date
MOHAMMED A. MALIK	02/03/2025

Signature of Authorized Representative: M. A. Malik.

FILED 1:52
FEB 03 2025
BY TVOZH

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

FORM 630- Revised. 12/2023