

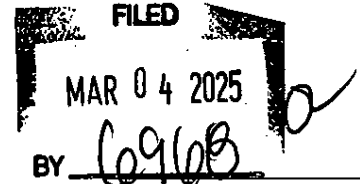


State of Rhode Island
Department of State - Business Services Division

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 87948		2. Exact name of the Corporation SFN, Inc.	
3. Principal Office Address 300 Brookline Drive		City Warwick	State RI
		Zip 02886	
4. NAICS Code 447190	6. Brief description of the character of business conducted in Rhode Island To own and operate gasoline service station		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Riad Khoury		Vice-President Name Michael Rasla	
Street Address 300 Brookline Drive		Street Address 123 Mechanic Street	
City Warwick	State RI	City Foxboro	State MA
Zip 02886		Zip 02035	
Secretary Name Souhair Batal		Treasurer Name Mirian Wahba	
Street Address 300 Brookline Drive		Street Address 123 Mechanic Street	
City Warwick	State RI	City Foxboro	State MA
Zip 02886		Zip 02035	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Souhair Batal		Director Name Raid Khoury	
Street Address 300 Brookline Drive		Street Address 300 Brookline Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Director Name Michael Rasla		Director Name Mirian Wahba	
Street Address 123 Mechanic Street		Street Address 123 Mechanic Street	
City Foxboro	State MA	City Foxboro	State MA
Zip 02035		Zip 02035	
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 300	CLASS/SERIES common
		PAR VALUE no par value	
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 Raid Khoury			Date 02/21/2025
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