



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.

FILED
MAR 04 2025
BY 2626

1. Entity ID Number 001656959		2. Exact name of the Corporation SNB, Inc.			
3. Principal Office Address 245 Ashaway Road			City Hopkinton	State RI	Zip 02833
4. NAICS Code 237120		6. Brief description of the character of business conducted in Rhode Island Gas station/convenience store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bhirool Patel			Vice-President Name Bhirool Patel		
Street Address 245 Ashaway Road			Street Address 245 Ashaway Road		
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
Secretary Name Bhirool Patel			Treasurer Name Bhirool Patel		
Street Address 245 Ashaway Road			Street Address 245 Ashaway Road		
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bhirool Patel			Director Name		
Street Address 245 Ashaway Road			Street Address		
City Hopkinton	State RI	Zip 02833	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2000	Common	No Par	
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 Bhirool Patel				Date 2/26/25	
Signature of Authorized Representative <i>B. J. Patel</i>					

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