



State of Rhode Island
Department of State - Business Services Division

FILED
STATE

MAR 04 2025

BY 126

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000164620		2. Exact name of the Corporation SPARROWS POINT I CONVENIENCE STORE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SMALL NON-PROFIT MARKET AVAILABLE TO RESIDENTS OF SPARROW POINT			
4. NAICS Code 813910					
6. Principal Office Address 311 Hardig Road, Room S			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donna Paquin			Director Name Sharon Martineau		
Street Address 311 Hardig Road			Street Address 311 Hardig Road APT B 209		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02879
Director Name Joanna Martin			Director Name		
Street Address 311 Hrdig Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Sharon Martineau				Date 02/22/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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