RI SOS Filing Number: 202566662180 Date: 3/5/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

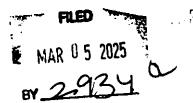
Annual Report for the year: 2025

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						
000791430	SAINT MARY FOOD INC						
3. Principal Office Address			City		State	Zip	
940 CUMBERHILL ROAD			WOONS	OCKET	RI	02895	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722513	FAST FOOD STABLISHMENT						
5. State of Incorporation	1						
RI							
7. List ALL officers (names and ad	dresses)				ck the box to inc	licate an attachment 🔲	
President Name MAGED T AW	Vice-President Name						
Street Address 840 CUMBERHILL ROAD			Street Address				
City WOONSOCKET	State RI	^{Zip} 02895	City State		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)			Che	ck the box to inc	dicate an attachment	
Director Name MAGED T AWAD			Director Name				
Street Address 840 CUMBERLAND HILL ROAD			Street Address				
City WOONSOCKET	State RI	^{Zip} 02895	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	1	10, Shares Issu		Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CNP		PAR VALUE	
				CIVE	-	0	
44. This second count has assessed a	n habalf of the		uthasizad sansa		moration is in th	o hands of a receiver or	
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							
MAGED AWAD 3-3-25							
Signature of Authorized Representative Magle Awad							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov