



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 05 2025
BY 2934

1. Entity ID Number 000791430			2. Exact name of the Corporation SAINT MARY FOOD INC											
3. Principal Office Address 940 CUMBERHILL ROAD			City WOONSOCKET	State RI	Zip 02895									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FAST FOOD STABLISHMENT												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MAGED T AWAD			Vice-President Name											
Street Address 840 CUMBERHILL ROAD			Street Address											
City WOONSOCKET	State RI	Zip 02895	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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			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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">1000</td> <td style="text-align:center;">CNP</td> <td style="text-align:center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	0			
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1000	CNP	0												
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 MAGED AWAD				Date 3-3-25										
Signature of Authorized Representative <i>Maged Awad</i>														