RI SOS Filing Number: 202568394980 Date: 3/26/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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 Numbe	2. Exact name of the Corporation
000096856	A & B Convenience & Deli Inc.

3. Principal Office Address	City	State	Zip
1245 Chalkstone Avenue	Providence	RI	02908

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
445120	Convenience Store
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Mohammed Hachem	1245 Chalkstone Avenue	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Mamdouh Amer	1245 Chalkstone Ave	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Mohammed Hachem	1245 Chalkstone Avenue	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Mohammed Hachem	1245 Chalkstone Ave	Providence	RI	02908

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	100
Changes require an additional filing.			

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
Mohammed Hachem	

Signature of Authorized Representative

FILED

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

MAR 26 2025
BY SOS

Website: www.sos.ri.gov

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