



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.

REC'D R:005 350
2025 APR 2 02:47:25

1. Entity ID Number <u>115034</u>		2. Exact name of the Corporation <u>FUEL DEPOT INC.</u>										
3. Principal Office Address <u>644 PUTNA PIKE</u>		City <u>GREENVILLE</u>	State <u>RI</u>									
		Zip <u>02828</u>										
4. NAICS Code <u>447110</u>	6. Brief description of the character of business conducted in Rhode Island <u>GAS STATION CONVENIENCE STORE</u>											
5. State of Incorporation <u>R.I.</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>ABED SAHYOUNI</u>		Vice-President Name <u>MUSTAFA AMIR SAHYOUNI</u>										
Street Address <u>23 ROGER WILLIAMS DR</u>		Street Address <u>23 ROGER WILLIAMS DR</u>										
City <u>GREENVILLE</u>	State <u>RI</u>	City <u>GREENVILLE</u>	State <u>RI</u>									
	Zip <u>02828</u>		Zip <u>02828</u>									
Secretary Name		Treasurer Name <u>LUAY SAHYOUNI</u>										
Street Address		Street Address <u>23 ROGER WILLIAMS DR</u>										
City	State	City <u>GREENVILLE</u>	State <u>RI</u>									
	Zip <u>02828</u>		Zip <u>02828</u>									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>2400</u></td> <td></td> <td><u>0.00</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>2400</u>		<u>0.00</u>			
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<u>2400</u>		<u>0.00</u>										
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 <u>ABED SAHYOUNI</u>		Date <u>4-2-2025</u>										
Signature of Authorized Representative 												

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

FILED

APR 02 2025 630- Revised: 12/2023

BY EZEPE