



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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 RIDOS BSD  
25 APR 8 PM 1:05:55

1. Entity ID Number <u>001718017</u>		2. Exact name of the Corporation <u>MB MART INC</u>	
3. Principal Office Address <u>665-NORTH BROADWAY</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u>
4. NAICS Code <u>122110</u>		6. Brief description of the character of business conducted in Rhode Island <u>C. STORE</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>MAHREEN QASIM BUTT</u>		Vice-President Name <u>N/A</u>	
Street Address <u>21-TRUDY TER</u>		Street Address	
City <u>BROOKTON</u>	State <u>MA</u>	Zip <u>02301</u>	
Secretary Name <u>N/A</u>		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>0</u>
			PAR VALUE
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. <u>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.</u>			
Name of Authorized Representative <u>MAHREEN QASIM BUTT</u>		Date <u>4-8-25</u>	
Signature of Authorized Representative 			

FILED

APR 08 2025  
BY N43FL