



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 MAY -8 P 12: 08

1. Entity ID Number 00082958		2. Exact name of the Corporation Island Service and Gas Inc.			
3. Principal Office Address 392 Broadway			City Providence	State RI	Zip 02909
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island Gas & Service Station			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ibrahim El Hawi			Vice-President Name Ibrahim El Hawi		
Street Address 392 Broadway			Street Address 392 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ibrahim El Hawi			Treasurer Name Ibrahim El Hawi		
Street Address 392 Broadway			Street Address 392 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ibrahim El Hawi			Director Name Ibrahim El Hawi		
Street Address 392 Broadway			Street Address 392 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1,000		
			common stock		
			no 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.					
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. FILED					
Name of Authorized Representative X IBRAHIM EL HAWI					Date 5-2-2025
Signature of Authorized Representative X [Signature]					