



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.

RECORDED
25 MAY 27 PM 3:19:17

FILED

MAY 27 2025

OCRBA

1. Entity ID Number 000143010		2. Exact name of the Corporation ASH MART, INC.			
3. Principal Office Address 2 CARROLL AVENUE			City NEWPORT	State RI	Zip 02840
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE AND OPERATE A CONVENIENCE STORE AND DELI			
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 MAHA CHAMSEDDINE			Vice-President Name		
Street Address 21 WOOD ROAD			Street Address		
City MIDDLETOWN	State RI	Zip 02841	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			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			8000/100 ISSUE C CWP NO PAR VALU		
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 MAHA CHAMSEDDINE				Date 05/20/2025	
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.ri.gov