



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 RIDG 650
25 MAY 27 PM 3:19:31

FILED
MAY 27 2025
BY ES2HX

1. Entity ID Number 001674644		2. Exact name of the Corporation KINGSTON MART, INC.			
3. Principal Office Address 100 FORTIN ROAD, UNIT 2		City KINGSTON		State RI	Zip 02881
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name YOUSSEF AKRASI			Vice-President Name MOHAMED HSAINE		
Street Address 10 HOPEDALE DRIVE			Street Address 21 HICKORY DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 ☐					
Director Name YOUSSEF AKRASI			Director Name MOHAMED HSAINE		
Street Address 10 HOPEDALE DRIVE			Street Address 21 HICKORY DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			200	CNP	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 YOUSSEF AKRASI					Date 04/26/2025
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov