

REC'D RIDOS BSD
25 JUN 2 AM 9:11:23State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
Corporation2022

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>201630992</u>		2. Exact name of the Corporation <u>Alia Market Inc.</u>										
3. Principal Office Address <u>384 Elmwood Ave</u>		City <u>Providence</u>	State <u>RI</u>									
4. NAICS Code <u>445110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Convenience store</u>										
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name <u>Anas Lourachna</u>		Vice-President Name										
Street Address <u>31 Arthur Ave</u>		Street Address										
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1,000</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1,000</u>	<u>—</u>	<u>—</u>			
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<u>1,000</u>	<u>—</u>	<u>—</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>Anas Lourachna</u>		Date <u>FILED-2-25</u>										
Signature of Authorized Representative 		JUN 02 2025 BY <u>10:38 PM</u> <u>gume2</u>										

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