



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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| | | | | | |
|---|-------------|---|---------------------|--------------|--|
| 1. Entity ID Number 000054686 | | 2. Exact name of the Corporation AJ'S MINI MARKET, INC. | | | |
| 3. Principal Office Address 939 Social Street | | | City Woonsocket | State RI | Zip 02895 |
| 4. NAICS Code 453220 | | 6. Brief description of the character of business conducted in Rhode Island Operation of a Convenience Store | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Antoine El Hosri (As to all Officers) | | | Vice-President Name | | |
| Street Address 52 Blackstone Street | | | Street Address | | |
| City Mendon | State MA | Zip 01756 | 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 | Common | 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. | | | | | |
| Name of Authorized Representative Antoine El Hosri | | | | | Date 5/29/2025 |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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