



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.

FILED

JUN 02 2025

BY 2400

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BUS SVCS DIV

2025 JUN -2 P 4 09

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 ☐					
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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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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