RI SOS Filing	Number: 20	2579397770	Date: 9/2	9/2025 12:38:00	РМ		
State of Rhode Island Department of State - Business Services Division					REC'D		
Annual Report for the year:	A COLOR N				22.5		
Corporation) RIDOS BS 29 PM 12:3		
→ Filing period February 1 - May 1 → Filing Fee: \$50.00					£8		
Penalty: Additional \$25.00	fee if form is n	ot filed by May 31			23.55		
1 Entity ID Numbe 2. Exact name of the Corporation				· · · · · · · · · · · · · · · · · · ·	- 		
000697111	SNK, In	ℂ.			:23		
3 Principal Office Address 151 Benefit Street			City Pawtuci	ket	State RI	Zip 02861	
3 NAICS Code	Brief description of the character of business conducted in Rhode Island						
445120	Conven	Convenience Store					
5 State of Incorporation	·····						
Ri .							
7 Tist ALL officers (names and a	ddresses)			Check the	box to indicate a	n attachment 🗖	
President Name	<u> </u>		Vice-Presi	dent Name	box to indicate a	The disconnection in the state of the state	
Abdul Meher			Saeed Ma	Saeed Malik			
Street Address 427 High St			-	Street Address 427 High St			
City Cumberland	State RI	Zip 02864	City Cumberla		State	Zip 02864	
Secretary Name		02004	Treasurer			02004	
Saeed Malik				Abdul Meher			
Street Address 427 High St		Street Address 427 High St					
City	State	Zip	City		State	Zip	
Cumber!and	RI	02864	Cumberla		RI	02864	
8 List ALL directors (names and Director Name	addresses)		Director N		box to indicate a	in attachment []	
Street Address				Street Address			
City	State	Zip	Crty		State	Zıp	
Director Name			Director N	Director Name			
Street Address				Street Address			
Crty	State	Zip	City		State	Zip	
		7551					
9 Shares Authorized This information is currently of rec	ord in the	10. Shares Is	SSUCCI OF SHARES	Check the	box to indicate a	an attachment PAR VALUE	
Department of State.	ord in the	100		Common	I		
Changes require an additional filing.							
11 This report must be executed	on behalf of the	corporation by an	authorized rer	Toresentative. If the corr	ooration is in the	hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I dec	t be executed or	behalf of the corp	oration by the	receiver or trustee.			
statements, and that all statem	ents contained			i, morading any acco			
Name of Authorized Representati Abdul Mehes	ve	Λ.			Date	6 a 1	
<u> </u>		V www			X 09/0	29/28	
Signature of Authorized Represei	ntative	//a			KI/		
m. //		V		FILED	120		
MAIL TO:					100		

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone. (401) 222-3040 Website: www.sos/i.gov SEP 2 9 2025)

BY BOLK > FORM 630- Revised 12/2023