



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2023

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 RIDOS BSB
25 SEP 29 PM 12:38:23

1 Entity ID Number 000697111		2. Exact name of the Corporation SNK, Inc.		
3 Principal Office Address 151 Benefit Street		City Pawtucket	State RI	Zip 02861
3 NAICS Code 445120	4. Brief description of the character of business conducted in Rhode Island 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 Abdul Meher		Vice-President Name Saeed Malik		
Street Address 427 High St		Street Address 427 High St		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Saeed Malik		Treasurer Name Abdul Meher		
Street Address 427 High St		Street Address 427 High St		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9 Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES		CLASS/SERIES	
	100	Common	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 Abdul Meher			Date 09/29/25	
Signature of Authorized Representative				

FILED

SEP 29 2025

BY B26R2 FORM 630- Revised 12/2023