



Department of State - Business Services Division

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JAN 31 PM 1:25

Annual Report for the year: **2017**  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000293950</b>		2. Exact name of the Corporation <b>GANO MART, INC</b>			
3. Principal Office Address <b>149 GANO STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>BASAM ALMARAWI</b>			Vice-President Name		
Street Address <b>220 FULLER STREET</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		100	
				PAR VALUE	
				0.0100	
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.					
<b>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.</b>					
Name of Authorized Representative <b>BASAM ALMARAWI</b>				Date <b>01/30/2018</b>	
Signature of Authorized Representative				<b>FILED</b>	
SIGN DOCUMENT HERE					

JAN 31 2018

BY 323/21

1:26