

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.1. 21.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.1. 7-1.2-1501(e) is

subject to a penalty fee of \$25.00.						
1. Cornorate 10 80 55 8165	Rihani Inte	2. Name of Corporation Rihani International, Inc.				
3. Street Address Principal Business Office 1647 Cranton St.			City Cranston	RI State	7ip 02920	
4. Business Phone No. 5. State of Incorporation RI						
6 Brief Description of the Characte To provide Int'l trading mg	er of Business Condu pt.svcs and the in	cted in Rhode Island mport and export of dental, m	edical, scientific supp	olies and related products		
7. NAMES AND ADDRESSI	ES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) 📋 FILL II	N SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Munir Rihani			David Rihani			
Street Address 187 Belevedere Dr.			Street Address c/o 1647 Cranston Street			
сиу Cranston	State RI	^{Z1p} 02920	Cranston	State RI	02920	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City:	State	Zip .	
8. NAMES AND ADDRESS	 ES OF THE DIRI	 ECTORS: <i>("X" BOX FOR AT</i> T	: !ACHMENT) [☐ FILL	l . IN SPACES BEFORE USIN	I G ATTACHMENTS	
Director Name			Erirector Name			
Munir Rihani			David Rihani			
Street Address			Street Address			
187 Belevedere Dr.			c/o 1647 Cranston Street			
City	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Director Name			Director Name			
Street Address			Street Address			
Clty	State	Zijo	Chy	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			Number of Shares	Class Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			}			
			1000	Common	\$0.01	
			<u></u>			
This report must be execut	ed on behalf of t	he corporation by an authoriz-	ed representative. If the	ne corporation is in the hand	ls of a receiver or trustee.	
this report must be execute	ed on behalf of th	ne corporation by the receiver	or trustee.			
				of perjury, I declare and affirm		
	ILED			accompanying schedules and st	atements, and that all statemer	
File DateSEF	27 2011		contained here	in are true and rrect.	123/11	
Check No. By	mns	<u>ノ</u>	Signature Munir Rih	ani	T Dule	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name			
			President			
			Title	•		
			ttHe		Form 630 Rev. 08/08	