



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000358546</b>		2. Exact name of the Corporation <b>NASSER ENTERPRISES INC.</b>	
3. Principal office address <b>1173 MINERAL SPRING AVE</b>		City <b>N. PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. Business Phone No. <b>(401) 489-8442</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>BAKERY + LIMITED SERVICE RESTAURANT GRILLE</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>TAMER ATTALA</b>		Vice-President Name <b>MAHER SHAKER NASSER</b>	
Street Address <b>1173 MINERAL SPRING AVE</b>		Street Address <b>1173 MINERAL SPRING AVE</b>	
City <b>N. PROVIDENCE</b>	State <b>RI</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b>
Secretary Name <b>OMAYMA ABDALLA</b>		Treasurer Name <b>TAMER ATTALA</b>	
Street Address <b>1173 MINERAL SPRING AVE</b>		Street Address <b>1173 MINERAL SPRING AVE</b>	
City <b>N. PROVIDENCE</b>	State <b>RI</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		NUMBER OF SHARES	CLASS/SERIES
		<b>10,000</b>	<b>CNP</b>
		PAR VALUE	<b>0</b>

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2012 APR -5 AM 10:27

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.

**FILED**

File Date: **APR 05 2012**  
 Check No:  
 By: *[Signature]*

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.  
*[Signature]*  
 Signature of Authorized Representative  
 Date: **3/31/12**

FOR SECRETARY OF STATE USE ONLY  
*[Signature]*  
**29-168/02**

**OMAYMA ABDALLA**  
 Print or Type Name of Authorized Representative