



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 2013

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. 116378		2. Exact name of the Corporation JAS PERSIAN RUG GALLERY INC.			
3. Principal office address 549 QUAKER LANE		City WEST WARWICK		State RI	Zip 02893
4. Business Phone No. 401-826-5544		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF RUGS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name AHMAD NAINI			Vice-President Name HAMID KARBASIAFCHAR		
Street Address 355 SHIPPEE LANE			Street Address 30 TIPPING ROCK		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name AMIR AMIRSADRI			Treasurer Name AMIR AMIRSADRI		
Street Address 75 FERNWOOD DRIVE			Street Address 75 FERNWOOD DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AHMAD NAINI			Director Name HAMID KARBASIAFCHAR		
Street Address 355 SHIPPEE LANE			Street Address 30 TIPPING ROCK		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PAR VALUE
			100	COMMON	NPV

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JAN 23 2013

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 of Authorized Representative Ahmad Naini Date 1/21/13

AHMAD NAINI

Print or Type Name of Authorized Representative