



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>000507331</b>		2. Exact name of the Corporation <b>ABBA MENA INC</b>		
3. Principal office address <b>114 Doyle Avenue,</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
4. Business Phone No.		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>FAST FOOS</b>				
<b>FILE ALL OFFICERS NAMES AND ADDRESSES IN BOX FOR ATTACHMENT</b>				
President Name <b>ADEL ZIKRY</b>		Vice-President Name <b>NAGUIB TADROS</b>		
Street Address <b>98 NORTH WASHINGTON ST</b>		Street Address <b>621 HIGH STREET NO 6</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>
City	State	Zip	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>FILE ALL DIRECTORS NAMES AND ADDRESSES IN BOX FOR ATTACHMENT</b>				
Director Name <b>ADEL ZIKRY</b>		Director Name <b>NAGUIB TADROS</b>		
Street Address <b>98 NORTH WASHINGTON ST</b>		Street Address <b>621 HIGH STREET NO 6</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>SHARES AUTHORIZED</b>				
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
		200	CNP	0

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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**

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.

NOV 19 2013

*Adel Zikry*  
 Signature of Authorized Representative

11-19-2013  
 Date

CR 211064

**ADEL ZIKRY**  
 Printer Type Name of Authorized Representative

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