



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. 130353		2 Exact name of the Corporation K+A EL MASRI Corporation		
3 Principal office address 1700 Mendon Road		City Cumberland	State RI	Zip 02864
4 Business Phone No.		5 State of Incorporation Rhode Island		
6 Brief description of the character of business conducted in Rhode Island OWN AND Operate Restaurant				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name FATMA NADIA ABDALLA		Vice-President Name Jimmy OMRAN		
Street Address 1700 Mendon Road		Street Address 1700 Mendon Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name FATMA NADIA ABDALLA		Treasurer Name Jimmy OMRAN		
Street Address 1700 Mendon Road		Street Address 1700 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name FATMA NADIA ABDALLA		Director Name JIMMY OMRAN		
Street Address 1700 Mendon Road		Street Address 1700 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR

SECRETARY OF STATE
 CORPORATIONS DIV
 2014 JUL 28 PM 3:45

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 **229346**

3:50 FILED

JUL 28 2014

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 _____ Date _____

Print or Type Name of Authorized Representative _____

KM