



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** 2011

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

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

**3:48 pm  
FILED**

**JUL 28 2014**

**229346**

**ICM**

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