



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 2014**

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.

2014 DEC - 1 AM 11:56  
 SECRETARY OF STATE  
 CORPORATIONS DIV

1. Entity ID No. <b>505545</b>		2. Exact name of the Corporation <b>ARDA CORP.</b>			
3. Principal office address <b>15 APPLETON STREET, APT. 3</b>			City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>
4. Business Phone No. <b>(617) 733-9026</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>MUSTAFA ARDA</b>			Vice-President Name <b>ELIF ARDA</b>		
Street Address <b>15 APPLETON STREET, APT. 3</b>			Street Address <b>15 APPLETON STREET, APT. 3</b>		
City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>	City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>
Secretary Name <b>ELIF ARDA</b>			Treasurer Name <b>MUSTAFA ARDA</b>		
Street Address <b>15 APPLETON STREET</b>			Street Address <b>15 APPLETON STREET, APT. 3</b>		
City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>	City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>MUSTAFA ARDA</b>			Director Name <b>ELIF ARDA</b>		
Street Address <b>15 APPLETON STREET, APT. 3</b>			Street Address <b>15 APPLETON STREET, APT. 3</b>		
City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>	City <b>EVERETT</b>	State <b>MA</b>	Zip <b>02149</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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	NO PAR VALUE

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

**FILED**

DEC 01 2014

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A.A. 11:57 A.m.

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]* \_\_\_\_\_ Date **9.16.14**

**MUSTAFA ARDA, PRESIDENT**

Print or Type Name of Authorized Representative