



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 2015

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. 505545		2. Exact name of the Corporation ARDA CORP.			
3. Principal office address 15 APPLETON STREET, APT. 3		City EVERETT		State MA	Zip 02149
4. Business Phone No. (617) 733-9026		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name MUSTAFA ARDA			Vice-President Name ELIF ARDA		
Street Address 15 APPLETON STREET, APT. 3			Street Address 15 APPLETON STREET, APT. 3		
City EVERETT	State MA	Zip 02149	City EVERETT	State MA	Zip 02149
Secretary Name ELIF ARDA			Treasurer Name MUSTAFA ARDA		
Street Address 15 APPLETON STREET, APT. 3			Street Address 15 APPLETON STREET, APT. 3		
City EVERETT	State MA	Zip 02149	City EVERETT	State MA	Zip 02149
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name MUSTAFA ARDA			Director Name ELIF ARDA		
Street Address 15 APPLETON STREET, APT. 3			Street Address 15 APPLETON STREET, APT. 3		
City EVERETT	State MA	Zip 02149	City EVERETT	State MA	Zip 02149
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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

Form No. 630
Revised: 01/2012

MAR 05 2015

By

A.A.

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

MUSTAFA ARDA, President

Print or Type Name of Authorized Representative