



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 **2016**

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. 139640		2. Exact name of the Corporation TBrothers, Inc.			
3. Principal office address 28-30 HARTFORD AVENUE		City PROVIDENCE		State RI	Zip 02909
4. Business Phone No. 401-439-6193		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Collecting Rents					
President Name TARIQ MAHMUD			Vice-President Name		
Street Address 28-30 HARTFORD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name TARIQ MAHMUD			Treasurer Name TARIQ MAHMUD		
Street Address 28-30 HARTFORD AVENUE			Street Address 28-30 HARTFORD AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Director Name TARIQ MAHMUD			Director Name		
Street Address 28-30 HARTFORD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$100.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
JAN 25 PM 1:17

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.

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

TARIQ MAHMUD

Print or Type Name of Authorized Representative

FILED

JAN 25 2016

By KM 266026