	State of Rhode Island a Office of the	and Providence PI Secretary of State	antations	Fee: \$50
	Division Of	Business Services		
		. River Street		
		e RI 02904-2615) 222-3040		
HOPE	(401)) 222-3040		
Business Corporati	ion			
Annual Report iling Period: January 1 -	March 1			
	.L. 7-1.2-1501(e), each corport ((30) days after the time presc			
c&d)) is subject to a pen			1.2 1001	
ANNUAL REPORT YEA	₽ • 2016			
	K. <u>2010</u>			
1. Corporate ID No.	<u>000164833</u>			
2. Name of Corporation	on Raheen Inc.			
-				
3. Street Address Princ	cipal Business Office:			
No. and Street:	<u>929 MAIN AVE</u>			
City or Town:	<u>WARWICK</u> St	tate: <u>RI</u> Zip: <u>0288</u>	Country:	<u>USA</u>
5. State of Incorporation	on			
State: <u>RI</u>				
6 Brief Description of	the Character of Rusiness (Conducted in Phode Is	land	
6. Brief Description of	the Character of Business C	conducted in Knode is	lanu	
REAL ESTATE				
	es of the Officers and Direct	ors:		
7. Names and Address				
7. Names and Address All officers and dire	es of the Officers and Direct ectors must be listed. If offic onger applicable; please de	ers and/or directors h		, the title
7. Names and Address All officers and dire	ectors must be listed. If offic	ers and/or directors h		, the title
7. Names and Address All officers and dire	ectors must be listed. If offic onger applicable; please de Individual Na	ers and/or directors h elete. me	ave been elected Address	
7. Names and Address All officers and dire Incorporator is no lo Title	ectors must be listed. If offic onger applicable; please de Individual Na First, Middle, Last,	ers and/or directors h elete. me Suffix Address, City	ave been elected	
7. Names and Address All officers and dire Incorporator is no lo	ectors must be listed. If offic onger applicable; please de Individual Na	ers and/or directors helete.	ave been elected Address r or Town, State, Zip Co 20 KEYSTONE DF	ode, Country
7. Names and Address All officers and dire Incorporator is no lo Title	ectors must be listed. If offic onger applicable; please de Individual Na First, Middle, Last,	ers and/or directors helete.	ave been elected Address	ode, Country
7. Names and Address All officers and dire Incorporator is no le Title PRESIDENT	ectors must be listed. If offic onger applicable; please de Individual Na First, Middle, Last, BRENDA A FERNAM	ers and/or directors helete.	ave been elected Address r or Town, State, Zip Co 20 KEYSTONE DF	ode, Country
7. Names and Address All officers and dire Incorporator is no le Title PRESIDENT	ectors must be listed. If offic onger applicable; please de Individual Na First, Middle, Last, BRENDA A FERNAM	ers and/or directors helete.	ave been elected Address r or Town, State, Zip Co 20 KEYSTONE DF	ode, Country
All officers and dire Incorporator is no le Title	and Issued	ers and/or directors helete.	ave been elected Address r or Town, State, Zip Co 20 KEYSTONE DF	ode, Country

		Shares Number of Shares	Num of Shares
CWP	\$0.0100	10,000.00	300

9. 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.

Signed this 29 Day of February, 2016 at 8:06:17 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By <u>BRENDA A FERNANDES</u>

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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