



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. 871846		2. Exact name of the Corporation Storage Space USA, Inc.			
3. Principal office address 197 Dexter Street		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 508-414-7713		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Self storage warehouse and any other lawful business.					
7. LIST ALL OFFICERS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Tariq Khalil			Vice-President Name Tariq Khalil		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Secretary Name Tariq Khalil			Treasurer Name Tariq Khalil		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Tariq Khalil			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
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 checked="" 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

MAR 30 2016

27/31

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 Khalil, President

Print or Type Name of Authorized Representative