

## State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016

Profit Corporation Annual Report for the year: $2016$					
Filing period: January 1 - March 1					3 √H 
Filing Fee: \$50.00 *FAILI	URE TO FILE	THIS REPORT BY	MARCH 31 WILL R	RESULT IN A \$25 OC	PENALTY FEE
1. Entity ID Number	2. Exact name	e of the Corporation			
793169 ROOL ZONE INC					
3. Principal Office Address		o oca mero posteja yes	City	State	Zip -
315 Muton	_Ane	the world like a control of the	Prov	PI	02909
4. Business Phone Number			5. State of Incorpor	ration	
401-861-0	184		R	Z	
6. Brief description of the character of business conducted in Rhode Island					
7. List ALL officers (names a	ret 1	RIN	larket 2	<u>GRoce</u>	
President Name	ilu addiesses)		Vice-President Name	heck the box to indica	te an attachment
Bilal Mod	wa		Ahmas	1	
46 HornReaw	DC		Street Address 315 Manto	M Aug	
City	State	Zip	City	State	Zip
C (aNSto N Secretary Name	$\perp \mathcal{L} \setminus$	02921	P/ov Treasurer Name		02909
Mahmoud	NaizB		Treasurer Name		
Street Address	· •		Street Address		<b>8</b> 00
46 HornBean					
Cranston	State	2 d 3 d	City	State	<b>Z§5</b>
8. List ALL directors (names a	and addresses)		CI	heck the box to indicat	le an attachment &
Director Name			Director Name		R RAFE
Street Address	<u> </u>	<u> </u>	Street Address	<u> </u>	N 02
City	State	Zip	City	State	Zip
	<u> </u>				
9. Shares Authorized			10. Shares Issued	Check box to indicat	e an attachment
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.			100		
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1. This shad miss have seen					<u> </u>
11. 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.					
onder 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					
Name of Authorized Representative Date					
male 04/13/16					
Signature of Authorized Representative					
Mahmoud NGTB SIGN DOCUMENT HERE					
*	7-				

Form No. 630 Revised: 2016 FILED

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