

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

Contract Con			<i>to</i>		بيرن يو
Profit Corporation A	nnual Rep	ort for the year	: 2015		₽ 20
Filing period: January 1 -	March 1				为 预而高。
Filing Fee: \$50.00 *FAILI	URE TO FILE	THIS REPORT BY	/ MADOU 34 MILL	DECINT IN A COLOR	20 E C
1. Entity ID Number	2 Exact nam	e of the Corporation		\E3ULI IN A \$25.00	PENAGUY DEE
702110	10	A.			
<u> </u>	I KAA	L Zone	INC		- Sim
3. Principal Office Address			City	State	
715	٨			P	₩ ₹ 3 -
315 Marton	Live		Prou	1 K T	100 d 109
4. Business Phone Number	T. J. September Cont.		5. State of Incorpo	ration	
401-861-0	124		R	7	
6. Brief description of the cha	aracter of busin	ess conducted in Rho	ode Island		ALEMANIE CON PRE DESPOSE LES
PT March	11,	^ -		- A	
TOTENT	<u>lel I </u>	KIN N	1arket 2	GKoce	ry Stole
7. List ALL officers (names a President Name	nd addresses)		dentalità de la company de	heck the box to indicat	e an attachment
50 / /			Vice-President Name	1	
Bilal Mousa			Ahmad NajIB		
Street Address			Street Address		
40 HornBeau	$\searrow D/$		315 Mante	on Aue	
City	State	Zip	City	State	Zip
Cransto N	LC\	02921	Prov	R.	22909
Secretary Name		<u>-</u>	Treasurer Name	1,-	07 00
Mahmoud	NailB	_			ခံ တ
Street Address	, 7		Street Address		- 5 88 -
City 46 HornBean	10/				され 書名 温
City	State	Zip >	City	State	7in
_ Cranstoil	RI	52921		,	□ \$2,700
8. List ALL directors (names a	and addresses)	and the state of the same		heck the box to indicate	
Director Name			Director Name	neon are box to indicate	A.,
					2. SIA
Street Address			Street Address		
					6
City	State	Zip	City	State	Zip
			. •	Otate	Zip
9. Shares Authorized			10. Shares Issued	Check box to indicate	
			NUMBER OF SHARES		
This information is augustly -4	Emparation at the British		NOWIDER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.			100		
					<u> </u>
11. This report must be execu	ted on behalf of	f the corporation by a	n authorized represent	ative. If the corporation	is in the hands of a
COCKER CIRCUITIONS CO. MING REPORT	THUSI DE EXECU	led on Densit of the c	Ornoration by the reco	trop or iminion	
Under penalty of perjury, 1 o	eciare and am	rm that I have exam	lined this report, incl	uding any accompany	ing schedules and
statements, and that all stat Name of Authorized Represer	ements contai	ned nerein are true	and correct.		eringet engleseter.
- Contraction and Trepreser	Redive			Date	
ma				041	13116
Signature of Authorized Repre	sentative				,,,
, 1		SIGN DOCI	JMENT HERE		
Mahmoud N	G.TB	OTON DOCC	AMENIA (TET)E		

FILED

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