

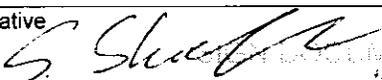


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 151552		2. Exact name of the Corporation Rangina, Inc.			
3. Principal Office Address 936 Atwells Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Fast Food Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Syed Sheren			Vice-President Name		
Street Address 936 Atwells Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name			Treasurer Name Tokhir Khasanbaev		
Street Address			Street Address 936 Atwells Avenue		
City	State	Zip	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Syed Sheren			Director Name		
Street Address 936 Atwells 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
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	.01
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. <i>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.</i>					
Name of Authorized Representative Syed Sheren				Date 01/10/2017	
Signature of Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
JAN 17 2017
 BY 1541 FORM 630 - Revised: 10/2016