

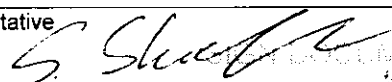


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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

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

**JAN 17 2017**

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FORM 630 - Revised: 10/2016