



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV.

2017 FEB 13 PM 3:52

1. Entity ID Number <b>521137</b>		2. Exact name of the Corporation <b>Naseeb Corp</b>	
3. Principal Office Address <b>912 Broad Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	
4. NAICS Code <b>72</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>Hassadollah Ammi</b>		Vice-President Name <b>Tamera Ammi</b>	
Street Address <b>912 Broad Street</b>		Street Address <b>57-Trellis Drive</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>West Warwick</b>	State <b>RI</b>
Secretary Name <b>Shakhiba Ammi</b>		Treasurer Name <b>Akhilla Ammi</b>	
Street Address <b>14 Audubon Lane</b>		Street Address <b>14 Audubon Lane</b>	
City <b>Hope</b>	State <b>RI</b>	City <b>Hope</b>	State <b>RI</b>
Zip <b>02831</b>		Zip <b>02831</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>Kudratullah Amin</b>		Director Name	
Street Address <b>14 Audubon Lane</b>		Street Address	
City <b>Hope</b>	State <b>RI</b>	City	State
Zip <b>02831</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>100-000</b>	
		<b>0</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>Shakhiba Ammi</b>		Date <b>2-13-17</b>	
Signature of Authorized Representative <i>Shakhiba Ammi</i>		<b>FILED</b>	
SIGN DOCUMENT HERE		<b>FEB 13 2017</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

By 295598