



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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BUS. SVCS. DIV.

2017 FEB 13 PM 3:52

1. Entity ID Number <b>521131</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>
Zip <b>02907</b>		Zip <b>02888</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 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>	
		NUMBER OF SHARES <b>100,000</b>	CLASS/SERIES <b>0</b>
		PAR VALUE <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>[Signature]</i>		FILED <b>FEB 13 2017</b> <b>By [Signature]</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

FORM 630 - Revised: 10/2016