



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 788567		2. Exact name of the Corporation NORHAB, INC.				
3. Principal Office Address 141 RIVER HILLS DRIVE			City DENISON	State TX	Zip 75020	
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Buy and sell real estate				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name NORA HABAL			Vice-President Name WASSIM KHIAMI			
Street Address 141 RIVER HILLS DRIVE			Street Address 240 LAKE SHORE DRIVE			
City DENISON	State TX	Zip 75020	City WARWICK	State RI	Zip 02889	
Secretary Name NORA HABAL			Treasurer Name NORA HABAL			
Street Address 141 RIVER HILLS DRIVE			Street Address 141 RIVER HILLS DRIVE			
City DENISON	State TX	Zip 75020	City DENISON	State TX	Zip 75020	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name none			Director Name none			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name none			Director Name none			
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	
		300.00		STK	10.00	
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 Wassim Khiami V.P.					Date 1/27/17	
Signature of Authorized Representative 						

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

FEB 13 2017

BY **2315**