




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

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1. Entity ID Number <b>1335923</b>		2. Exact name of the Corporation <b>Kamran Khan, CPA, Inc.</b>			
3. Principal Office Address <b>175 Derby Street</b>		City <b>Hingham</b>		State <b>MA</b>	Zip <b>02043</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>	6. Brief description of the character of business conducted in Rhode Island <b>accounting and tax services</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>Kamran Khan</b>			Vice-President Name <b>Kamran Khan</b>		
Street Address <b>175 Derby Street</b>			Street Address <b>same</b>		
City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>	City	State	Zip
Secretary Name <b>Kamran Khan</b>			Treasurer Name		
Street Address <b>same</b>			Street Address		
City	State	Zip	City	State	Zip
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>Kamran Khan</b>			Director Name		
Street Address <b>same</b>			Street Address		
City	State	Zip	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>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>116995 Common \$1.00</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>Kamran Khan, CPA</b>			Date <b>03/29/17</b>		
Signature of Authorized Representative 			<b>FILED</b> <b>MAR 29 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

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