



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 APR -3 PM 1:02

1. Entity ID Number 000116242		2. Exact name of the Corporation ANG Properties Inc			
3. Principal Office Address #211 Weybosset St		City Providence		State RI	Zip 02903
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE Purchase, Sale, Invest, Rentals			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ahmad A Garakani			Vice-President Name		
Street Address 211 Weybosset St			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Ahmad A Garakani			Treasurer Name Ahmad A Garakani		
Street Address 211 Weybosset St			Street Address 211 Weybosset		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ahmad A Garakani			Director Name		
Street Address 211 Weybosset St			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
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		PAR VALUE
			1000		\$ 1.00
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.					
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.					
Name of Authorized Representative Ahmad A Garakani				Date 4/3/17	
Signature of Authorized Representative 				FILED APR 03 2017 BY	

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: 02/2017

300078 + 300079