



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.

 2017 AUG 24 PM 12:52
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

1. Entity ID Number 790045		2. Exact name of the Corporation Pasha Lounge Inc.										
3. Principal Office Address 840 Allens Avenue		City Providence	State RI									
4. NAICS Code 71		6. Brief description of the character of business conducted in Rhode Island Hookah Bar with full Liquor										
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 Zeynep Arda		Vice-President Name Zafer Arda										
Street Address 27 Linwood Ave		Street Address 7 Prospect St. Apt 8										
City N. Providence	State RI	City Cranston	State RI									
Zip 02911		Zip 02910										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100		0.01										
Changes require an additional filing.												
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 Zafer Arda		Date 8/24/17										
Signature of Authorized Representative 		SIGN DOCUMENT HERE										

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
8/24/17
AUG 24 2017
BY [Signature]
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