



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.  
 RECEIVED  
 STATE

1. Entity ID Number <b>790045</b>	2. Exact name of the Corporation <b>Pasha Lounge Inc.</b>		
3. Principal Office Address <b>840 Allens Avenue</b>		City <b>Providence</b>	State <b>RI</b>
4. NAICS Code <b>71</b>	6. Brief description of the character of business conducted in Rhode Island <b>Hookah Bar with full liquor</b>		
5. State of Incorporation <b>Rhode Island</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>Zeynep Arda</b>			Vice-President Name <b>Zafer Arda</b>		
Street Address <b>27 Linwood Ave</b>			Street Address <b>7 Prospect St. Apt 8</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name			Treasurer Name		
Street Address			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			Director Name		
Street Address			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	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>		<b>0.01</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.

**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 <b>Zafer Arda</b>	Date <b>8/24/17</b>
Signature of Authorized Representative 	SIGN DOCUMENT HERE

**FILED**  
 8/24/17  
 AUG 24 2017  
 BY **PU** 310979  
 12:52