RI SOS Filing Number: 201748779900 Date: 8/25/2017 4:00:00 PM

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Corporation

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

2017 AUG 25 PM 2: 23

| → Penalty: Additional \$25.00 | tee if form is not | titled by April 1. | | | | ·· | |
|--|---|---------------------|------------------------------------|--------------------------|--|------------------------|--|
| Entity ID Number | 2. Exact name of the Corporation | | | | | | |
| | 071942 SKFREALTY,INC. | | | | | | |
| 3. Principal Office Address | | | | , t <u>.</u> | State | Zip | |
| 1880 KINGSTOWN RD | | | SOUTH 1 | KINGSTOWN | RI | 02883 | |
| 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| State of Incorporation 5. Birls description of the distribution o | | | | | | | |
| State of incorporation | | | | | | | |
| RI | 1 | | | | | | |
| 7. List ALL officers (names and ad | dresses) | | | Check th | ne box to inc | dicate an attachment 🔲 | |
| President Name ABU Ali | Vice-President Name FAKHRERAZI NIKISHAH | | | | | | |
| Street Address 236 COWESETT RO | | | Street Address 45 CHERRY RD | | | | |
| City CUNZW, (K | State 7 | Zip 02886 | City | 16 STON | State RI | Zip 0788/ | |
| Secretary Name ABU AZI SINA NIKKHALI | | | Treasurer Name | | | | |
| Street Address 236 COWESETT RO | | | Street Address | | | | |
| City WASZ WICK | State C | Zip O 2886 | City | | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | | | |
| Director Name | | | | 1 | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | | | Director Name | | <u> </u> | | |
| Street Address Str | | | | Street Address | | | |
| City | State | Zip | City | | State | Zip | |
| O Obassa Authorizad | | 10 Shares lanus | | Chaoleth | a bay ta ina | icate on attachment | |
| Shares Authorized This information is currently of record in the | | | 10. Shares Issued NUMBER OF SHARES | | Check the box to indicate an attachment CLASS/SERIES PAR VALUE | | |
| Department of State. | | 600 | | CNP | | 0.00 | |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be executed a | on behalf of the c | orporation by an au | thorized repres | entative. If the cornora | tion is in the | hands of a receiver or | |
| 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 penaity of perjury, I decla statements, and that all stateme | | | | ncluding any accomp | anying sch | edules and | |
| Name of Authorized Representative #130 ALI SINA NIKICHA | | | | | Date 08. Z | 5-17 | |
| Name of Authorized Representative ### Date ### D8.25-17 Signature of Authorized Representative ################################### | | | | | | | |
| | | am | MC | | | | |
| | • | | | ALIC OF SOL | _ | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 2 5 2017