



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.

1. Entity ID Number 000875126		2. Exact name of the Corporation R. B FAST FOOD INC												
3. Principal Office Address 270 Dexter Street			City Pawtucket	State RI	Zip 02860									
4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island Fast Food Restaurant													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Akbar Hussain			Vice-President Name Akbar Hussain											
Street Address 46 Dover Street			Street Address 46 Dover Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
Secretary Name Akbar Hussain			Treasurer Name Akbar Hussain											
Street Address 46 Dover Street			Street Address 46 Dover Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	Common	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
10	Common	No par												
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 Akbar Hussain President				Date 8.24.17										
Signature of Authorized Representative <i>A. Hussain</i>														

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

AUG 30 2017

BY

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FORM 630 - Revised: 02/2017