



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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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SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 10 AM 11:18

1. Entity ID Number <u>103493</u>		2. Exact name of the Corporation <u>RUMFORD Management Leasing CO.</u>			
3. Principal Office Address <u>971 Elmwood Ave</u>		City <u>PROV.</u>		State <u>R.I.</u>	Zip
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail, import, export and General TRADING</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>MOHAMAD Samadhin</u>			Vice-President Name <u>N/A</u>		
Street Address <u>859 Elmwood Ave</u>			Street Address		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>0290</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<u>100</u> <u></u> <u>1.00</u>		
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 <u>MOHAMAD N. Samadhin</u>					Date
Signature of Authorized Representative <u>[Signature]</u>					

FILED

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2017