State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2018 JAN 23 AM 11:

**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 1665727 | KHAN REALTY CORP | | | |
| 3. Principal Office Address | | City | State | Zip |
| 5 SUNFLOWER CIRCLE | | N. PROVIDENCE | RI | 02911 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 531390 | REAL ESTATE | | | |
| 5. State of Incorporation | | | | |
| NY | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| MUHAMMAD ARSHAD KHAN | | | | | |
| Street Address | | | Street Address | | |
| 5 SUNFLOWER CIRCLE | | | | | |
| City | State | Zip | City | State | Zip |
| N PROVIDENCE | RI | 02911 | | | |
| Secretary Name | | | 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 | | |
|---|---|---|---|---|---|
| MUHAMMAD ARSHAD KHAN | | | | | |
| Street Address | | | Street Address | | |
| 5 SUNFLOWER CIRCLE | | | | | |
| City | State | Zip | City | State | Zip |
| N. PROVIDENCE | RI | 02911 | | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | | 0 |
| | | |

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 | Date |
|---|---|
| MUHAMMAD ARSHAD KHAN | 1-23-18 |

Signature of Authorized Representative: M. Arshad Khan

FILED
JAN 28 2018
BY 322404

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630 - Revised: 08/2017