RI SOS Filing Number: 201859069510 Date: 2/23/2018 4:00:00 PM

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.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
158059	NA CORPORATION OF NORTH PROVIDENCE

3. Principal Office Address	City	State	Zip
1234 Mineral Spring Avenue	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real estate investment and holdings
5. State of Incorporation	
Rhode Island	

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

President Name: Taraneh Tabatabaie			Vice-President Name: John Manousos		
Street Address: 1234 Mineral Spring Avenue			Street Address: 1234 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Secretary Name: Taraneh Tabatabaie			Treasurer Name: John Manousos		
Street Address: 1234 Mineral Spring Avenue			Street Address: 1234 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904

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

Director Name: Taraneh Tabatabaie			Director Name: John Manousos		
Street Address: 1234 Mineral Spring Avenue			Street Address: 1234 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
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
100	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: Taraneh Tabatabaie — Date: 2/20/18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED

FEB 23 2018

BY S311 OS

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: 10/2017