

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2018

RECEIVEDS TATALE
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 PM 2: 32

→ 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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Entity ID Number	Exact name of	of the Corporation					
1. Entity ID Number 2. Exact name of the Corporation ANG ProPerties Inc							
Principal Office Address			City		State	Zıp	
211 Wey bassi			Provid	000	RI	02903	
2//10/2/2000			Irwvia	ence			
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island Real Estate Functions, Holds Sell, Invest							
FOLIO DISTITUTE PROPERTY COLLARS							
1, 20/1/0	1. N 1 () /						
5. State of Incorporation	All TYPES						
8-1	/ " 11 -						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name	-	-	Vice-President Na		DOX to maior	ate an attachment D	
Ahmad A C	ara Ka	ni <u> </u>	<u></u>				
Street Address	Street Address	Street Address					
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City Page 1 Lave 2	State	Zighazzan	City		State	Zip	
"Movidence		02903			<u> </u>		
10	anaKan		Treasurer Name	1 .4 .	11	•	
1 Ahmad A G	Ahmad A Garakani						
Street Address			Street Address				
Street Address 211 Weyloos St 5t			211 Neytosset St				
City	State	Zin			State	(7in	
Trovidence	ZZ.	Zip 02903	CIPROV, 1	T	1	^{Zig} 02903	
8 List All directors (names and addresses)							
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name							
Director Name Ahmad A Garakan;			Director (Adule				
			0				
Street Address 211 Way board 5+			Street Address				
211 0000	<u> </u>						
Providence	State	Zip 02903	City		State	Zip	
morialina	<i>V</i> (02903			<u> </u>		
Director Name			Director Name				
Street Address Stree				Street Address			
City	State	Zip	City		State	Zip	
f ´]-·F	[-",		[- "	
9. Shares Authorized	1	10. Shares Issue	<u> </u>	Charle 4E	l. A bay ta india	to so ottocher and C	
This information is currently of record	d in the	NUMBER OF SH		CLASS/SERIES	e nox to indica	PAR VALUE	
Department of State.	J (118			CDAGG/GCMES		La L	
		LOOD				# 1.00	
Changes require an additional filing.							
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11. This report must be executed or	a hahalf of the as-			16 Abra	1		
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 /	1,-			
Ahmad A			2/28	/18			
The state of the s							
Signature of Authorized Representative FILED							
SIGN DOCUMENT HERE							
				FFR 2 8 71118		·	

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