



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

2016

Corporation

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→ 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 <u>000 161201</u>		2. Exact name of the Corporation <u>B & A 786 Realestate Corp</u>			
3. Principal Office Address <u>23 William Drive</u>			City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>
4. NAICS Code <u>531120</u>		5. Brief description of the character of business conducted in Rhode Island <u>Realestate holding corp.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Abdul Khan</u>			Vice-President Name <u>Khadija Lewis Khan</u>		
Street Address <u>23 William Drive</u>			Street Address <u>23 William Drive</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>STK</u>	PAR VALUE <u>\$.01</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>Khadija Lewis Khan</u>				Date <u>6-7-19</u>	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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