State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual	Report f	or the	year:
Cornors	ation		

2019 JUN -7 PH 4: 37

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penaity" Additional \$25.00 fe	e it form is not til	ed by April 1.						
1. Entity ID Number	2. Exact name of	the Corporation			<u> </u>			
000 161201	- R & Y	r 786 (Realest	ate Cons	>			
3. Principal Office Address			City		State	Zip		
23 William	Drive		Midd	letour	RI	02842		
4 NAICS Code	Brief description	n of the character	of business co	onducted in Rhade Isl	and			
531120	0.1	ماا	1 11					
5. State of Incorporation	heau	estate	noldi	ng Carp.				
KI				0				
7. List ALL officers (names and add	resses)				ne box to ind	licate an attachment		
Abdw Khan	President Name Vic			Vice-President Name				
Street Address	7	·· ·	Street Address Julian Orive City State Zip					
23 William	Drive	14.	<u> </u>	willian	Drive			
City Middletoun	State	02842	City Mid	dlaberson	State	21p 52343		
Secretary Name	· · ·	0010	Treasurer Nam		1 19	10207		
Street Address			Street Address					
			Street Address					
City	State	Ziρ	City		State	Zip		
8. List ALL directors (names and ad	draceae)	<u> </u>	<u> </u>					
Director Name	oresses)		Director Name	Cneck t	ne pox to ind	licate an attachment 🔲		
Street Address		 _	12	 .				
Sieer Audress			Street Address					
Crty	State	Zip	City	·	State	Zip		
Director Name			Director Name		<u></u>			
			Director Name					
Street Address S			Street Address					
City	State	Zip	City		State	Zrp		
					Oldic]		
9 Shares Authorized This information is currently of record	d in the	10. Shares Issue		Check t	he box to ind	licate an attachment 🔲		
Department of State.	a iii tiie			CLASSISFRIES	T	PAR VALUE		
Changes require an additional filing.		1,000		STK		\$.01		
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 Charles Caris Khan Date 6-7-15								
	•			·		6-7-19		
Signature of Authorized Representa	itive			, , , , , , , , , , , , , , , , , , ,				
18h Zs			 	i de sa				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 07 2019 2.03

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