



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIVAnnual Report for the year: 2018

Corporation

2019 JUL -2 PM 1:33

→ 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>601000571</u>		2. Exact name of the Corporation <u>AWK CORP</u>	
3. Principal Office Address <u>49 Olneyville sq</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>			
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</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>AMIR WAHAB</u>		Vice-President Name	
Street Address <u>36 WHITE HALL ST</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		<u>0.0</u>	<u>200</u>
			<u>0.0</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. <u>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.</u>			
Name of Authorized Representative <u>AMIR WAHAB</u>		Date <u>7-02-2019</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUL 02 2019
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BY [Signature]

FORM 630 - Revised 10/2017