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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

SECRETARY OF STATE CORPORATIONS DIV

2020 JAN 27 AM 9: 14

\rightarrow	Filing	period:	January	1	- March 1
	1 111119	penou.	January	•	- IVIAI CII

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.											
Entity ID Number 2. Exact name of the Corporation											
146050	MAHROKH INC										
3. Principal Office Address 10 00 RRAD CA		rovid	lance	State K. I	02903						
4. NAICS Code 445120	6. Brief descriptio	of business cor	iducted in Rhode Isla	and -11 8751	९९५						
State of Incorporation											
7. List ALL officers (names and addresses) Check the box to indicate an attachment											
President Name HOHAHES で	Vice-President Name SUMBUL MALIL										
Street Address SO CYN THIA CI	Street Address 50 CYNTHIA LAWR										
City PITELBORD	State 1A	ごとてって		LBURD		Zip					
Secretary Name	<u>. </u>	Treasurer Name									
Street Address	Street Address										
City	State	Zip	City		State	Zip					
8. List ALL directors (names and a	ddresses)		Check the box to indicate an attachment								
Director Name NIHAL MA	Director Name MOAANHにか A-MALTU										
Street Address	Street Address SD CYNTHIA LANG										
City ATTEL 130RD		02723	City ATTE	EL BORD	State	^{Zip} 02703					
Director Name	- •	*	Director Name								
Street Address		Street Address									
City	State	Zip	City		State	Zip					
9. Shares Authorized This information is currently of reco			Check t	heck the box to indicate an attachment							
Department of State.	D	- Fine G	<u>ob sastines</u>		1704 0744						
Changes require an additional filing											
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 decia statements, and that all stateme	ire and affirm that	t I have examined	f this report, in		panying sched	lules and					
Name of Authorized Representative		iem eie nne aud	COITECE.		Date	· -					
MINAMON A MEHMARCH											
Signature of Authorized Representative Compared to the Compared											
IAN 97 2000											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN **27** 2020

FORM 630 - Revised: 02/2017