



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ 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 788567		2. Exact name of the Corporation NORHAB INC.												
3. Principal Office Address 240 LAKE SHORE DRIVE			City WARWICK	State RI	Zip 02889									
4. NAICS Code 531890		6. Brief description of the character of business conducted in Rhode Island Buy and sell real estate												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name WASSIM KHIAMI			Vice-President Name											
Street Address 240 LAKE SHORE DRIVE			Street Address											
City WARWICK	State RI	Zip 02889	City	State	Zip									
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 none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>COMMON STK</td> <td>\$10,000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	COMMON STK	\$10,000			
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300	COMMON STK	\$10,000												
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 WASSIM KHIAMI, PRESIDENT			Date 02/20/2020											
Signature of Authorized Representative 			<div style="text-align: center;"> FILED FEB 24 2020 KM BY <u>173</u> </div>											

MAIL TO:

Division of Business Services

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