

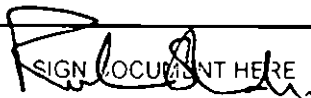


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

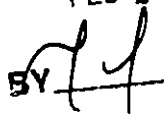
Annual Report for the year: **2019**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|  |                      |  |   |                           |                     |
|--|----------------------|--|---|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000585709</b>  |                      | 2. Exact name of the Corporation<br><b>BIG APPLE SIGN CORP.</b>  |   |                           |                     |
| 3. Principal Office Address<br><b>247 WEST 35TH STREET</b>   |                      |  | City<br><b>NEW YORK</b>   | State<br><b>NY</b>        | Zip<br><b>10001</b> |
| 4. NAICS Code<br><b>339950</b>   |                      | 6. Brief description of the character of business conducted in Rhode Island<br><b>SIGNAGE AND DIGITAL PRINTING</b> |   |                           |                     |
| 5. State of Incorporation<br><b>NEW YORK</b>   |                      |  |   |                           |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                      |  |   |                           |                     |
| President Name<br><b>AMIR KHALFAN</b>  |                      |  | Vice-President Name<br><b>RUCHIR SHAH</b>   |                           |                     |
| Street Address<br><b>50 JUNIPER LANE</b>   |                      |  | Street Address<br><b>247 WEST 35TH ST.</b>  |                           |                     |
| City<br><b>MUTTONTOWN</b>  | State<br><b>NY</b>   | Zip<br><b>11791</b>  | City<br><b>NEW YORK</b>   | State<br><b>NY</b>        | Zip<br><b>10001</b> |
| Secretary Name<br><b>RUMINA KHALFAN</b>  |                      |  | Treasurer Name<br><b>NONE</b>   |                           |                     |
| Street Address<br><b>50 JUNIPER LANE</b>   |                      |  | Street Address<br><b>NONE</b>   |                           |                     |
| City<br><b>MUTTONTOWN</b>  | State<br><b>NY</b>   | Zip<br><b>11791</b>  | City<br><b>NONE</b>   | State<br><b>NONE</b>      | Zip<br><b>NONE</b>  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                      |  |   |                           |                     |
| Director Name<br><b>None</b>   |                      |  | Director Name<br><b>None</b>  |                           |                     |
| Street Address<br><b>None</b>  |                      |  | Street Address<br><b>None</b>   |                           |                     |
| City<br><b>None</b>  | State<br><b>None</b> | Zip<br><b>None</b>   | City<br><b>None</b>   | State<br><b>None</b>      | Zip<br><b>None</b>  |
| Director Name<br><b>None</b>   |                      |  | Director Name<br><b>None</b>  |                           |                     |
| Street Address<br><b>None</b>  |                      |  | Street Address<br><b>None</b>   |                           |                     |
| City<br><b>None</b>  | State<br><b>None</b> | Zip<br><b>None</b>   | City<br><b>None</b>   | State<br><b>None</b>      | Zip<br><b>None</b>  |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                      |  |   |                           |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                      |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                           |                     |
|  |                      |  | NUMBER OF SHARES  | CLASS/SERIES              | PAR VALUE           |
|  |                      |  | <b>200</b>  | <b>CNP</b>                | <b>\$0.00</b>       |
|  |                      |  | <b>None</b>   | <b>None</b>               | <b>None</b>         |
| 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.<br><b>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.</b> |                      |  |   |                           |                     |
| Name of Authorized Representative<br><b>RUCHIR SHAH</b>  |                      |  |   | Date<br><b>02/17/2020</b> |                     |
| Signature of Authorized Representative<br>  |                      |  |   | <b>FILED</b>              |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FEB 24 2020  
BY  245-BZ  
FORM 630 - Revised: 10/2017  
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