

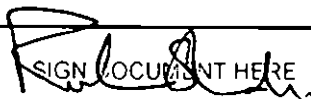


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

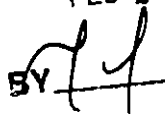
Annual Report for the year: **2019**
Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2020 FEB 24 PM 1:03

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

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
1:04