State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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.

1. Entity ID Number	2. Exact name of the Corporation
000585709	BIG APPLE SIGN CORP.

3. Principal Office Address	City	State	Zip
247 WEST 35TH STREET	NEW YORK	NY	10001

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339950	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	PAR VALUE
200	CNP	$0.00
None	None	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	Date
RUCHIR SHAH	02/17/2020

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 24 2020
BY 245B2
1:04

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