RI SOS Filing Number: 202036259320 Date: 3/12/2020 4:00:00 PM

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BUS SVCS DIV
2020 MAR 12 A 10:57

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	2. Exact name of the Corporation			
1658420	Baker's Accounting Services, Inc.			
3. Principal Office Address		City	State	Zip
94 Dean ave apt A		Smithfield	RI	02917.
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541219				
5. State of Incorporation				
RI	Accounting			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Mahmoud Shawish					
Street Address			Street Address		
94 Dean ave apt A					
City	State	Zip	City	State	Zip
Smithfield	RI	02917			
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 ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
0		0.01

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
	3/12/2020

Signature of Authorized Representative: Mahmoud Shawish

FILED

MAR 12 2020
BY Ch BCB43
10:57

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

FORM 630 - Revised: 10/2017