



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 FEB 11 AM 9:45

1. Entity ID Number 001701135		2. Exact name of the Corporation SRK Real Estate, Inc.			
3. Principal Office Address 33 Whitehall Way			City Bellingham	State MA	Zip 02019
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Holdings			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Syed Abbas			Vice-President Name N/A		
Street Address 33 Whitehall Way			Street Address		
City Bellingham	State MA	Zip 02019	City	State	Zip
Secretary Name Syed Abbas			Treasurer Name Subiha Rizvi		
Street Address 33 Whitehall Way			Street Address 33 Whitehall Way		
City Bellingham	State MA	Zip 02019	City Bellingham	State MA	Zip 02019
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	\$0.00
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. <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 <i>SYED K. ABBAS</i>				Date <i>02/01/21</i>	
Signature of Authorized Representative <i>[Signature]</i>					

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