



RI SOS Filing Number: 202193336340 Date: 3/1/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

STAMP

FOR
SECRETARY OF STATE
USE ONLY

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000139640		2. Exact name of the Corporation TBrothers, Inc.			
3. Principal Office Address 12 College Lane			City Barrington	State RI	Zip 02806
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Collecting Rents			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Tariq Mahmud			Vice-President Name		
Street Address 12 College Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Tariq Mahmud			Treasurer Name Tariq Mahmud		
Street Address 12 College Lane			Street Address 12 College Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Check the box to indicate an attachment ☐					
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 100	CLASS/SERIES Common	PAR VALUE \$100.00
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. 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 Tariq Mahmud					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

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BY MC3XC
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FORM 630 - Revised: 10/2017