



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

1. Entity ID Number 00680355		2. Exact name of the Corporation NOOR, INC.	
3. Principal Office Address 40 RICE STREET		City Providence	State RI
4. NAICS Code 411500		6. Brief description of the character of business conducted in Rhode Island WHOLESALE OF GENERAL MERCHENDIZE	
5. State of Incorporation RI		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MAHR AHMED		Vice-President Name	
Street Address 40 RICE ST.		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
Secretary Name MAHR AHMED		Treasurer Name	
Street Address 40 RICE ST.		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	CNP
		PAR VALUE	10
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 JITENDER BEHL		Date 02-15-23	
Signature of Authorized Representative 			

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

FEB 15 2023

BY LC 594

FORM 630 - Revised: 2/2023