



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

2023 FEB 15 11 3 04

1. Entity ID Number 00680355		2. Exact name of the Corporation NOOR, INC.			
3. Principal Office Address 40 RICE STREET		City Providence		State RI	Zip 02907
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					
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 SP.			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name MAHR AHMED			Treasurer Name		
Street Address 40 RICE SP.			Street Address		
City Providence	State RI	Zip 02907	City	State	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
			1000	CNP	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 2023

MB
FEB 15 2023
BY IC 594

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov