



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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 17202211		2. Exact name of the Corporation NAZS HALAL OF RI INC		2024 JAN 16 P 4:02	
3. Principal Office Address 103 NEWPORT AVE STE 2		City PAWTUCKET	State RI	Zip 02861	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island RESTAURANT				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HUSSAN ALI		Vice-President Name			
Street Address 103 NEWPORT AVE STE 2		Street Address			
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
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 HUSSAN ALI		Director Name			
Street Address 103 NEWPORT AVE STE 2		Street Address			
City PAWTUCKET	State RI	Zip 02861	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	
		100	STK	.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 MOHAMMAD MOIZ				Date 08/25/2023	
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

JAN 16 2024

BY AEVJES

FORM 630- Revised: 04/2023