RI SOS Filing Number: 202446087610 Date: 2/9/2024 12:07:00 PM

State of Rhode Island  Department of State - Business Services Division					TECD R		
Annual Report for the year: 2023  Corporation					PM 12	700S	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					9 PH12:06:10	OSB CONTRACTOR OF THE CONTRACT	
Entity ID Number     2. Exact name of the Corporation							
000899193 APRA Investment Inc.							
3. Principal Office Address 2339 Diamond Hill Rd			City Cumbe	rland	State RI	Zip 01571	
4. NAICS Code	6. Brief descrip	tion of the charact	er of busines:	s conducted in Rhode Is	sland	*	
812320	Dry Cleaning and Laundry						
5. State of incorporation RI							
7. List ALL officers (names and ad President Name C. Doobs Stee			Vice Presid	Check the box to indicate an attachment UVice-President Name			
F. Pasna Syed			VICE-FIESIO	. Vice-riesident Name			
Street Address 2339 Diamond Hill Rd			Street Address				
City Cumberland	State RI	<sup>Zip</sup> 02864	City	<del></del>	State	Zip	
Secretary Name F. Pasha Sye	d		Treasurer N	Treasurer Name			
Street Address 44 Sawmill Rd			Street Address				
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						ate an attachment 🔲	
F. Pasha Syed  Director Name							
Street Address 2339 Diamond Hill Rd			Street Address				
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Žip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu				ate an attachment 🔲	
This information is currently of reco	ord in the	NUMBER OF	SHARES	CLASS/SERIE	S	PAR VALUE	
Changes require an additional filing.		100		CNP	CNP B		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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  Date							
F. Pasha Syed				02/09/2024			
Signature of Authorized Representative FILED							
MAIL TO: FEB 0 9 2024 12:070 m							

**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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