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| State of Rhode Island | | s Camilaga D | iviolon | | 100 C | l . |
| Department of Sta | | | ivision | | 20 AMS: 10: | 3 |
| Annual Report for the year: Corporation - | 702 | 7 | | |) A | 3 |
| → Filing period: February 1 - | Mav 1 | | | | ري | מ מיז |
| → Filing Fee: \$50.00 | • | | | | 10 | <u> </u> |
| Penalty: Additional \$25.00 fo | | | · | <u></u> | | |
| 1. Entity ID Number | 2. Exact name of | · . | | -100 - ar 1 | _ | |
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| 3. Principal Office Address | - 1.000 | 0 | City | a | State | Zip 0288 |
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| 447100 | | | | | апо | |
| 5. State of Incorporation | 1 KROD | UCT/ : | SICK | VICE | | |
| R T | | | | | | |
| 7. List ALL officers (names and add | traceae\ | | | Charle the ho | to indicate | en ettechment [7] |
| President Name | | | Check the box to indicate an attachment Vice-President Name | | | |
| SAED MAM MOOD | | | Vice-President Name SANER MAHROUD Street Address | | | |
| Street Address 89 SHLW E City SOUTH I NGTON | KY LA | NE | Street Addin | S BHWEK UT HINGTON | 4 4 | 7 NE |
| City | State | Zip A QUISTO | City | | State | Zip |
| Secretary Name | 27 | ^{Zip} 0 b 9 489 | Treasurer N | UTHING-TON | <u> </u> | 06 49 |
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| Street Address | | | Street Address | | | |
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| | <u> </u> | | <u> </u> | | | |
| 8. List ALL directors (names and ad | ddresses) | | Director Na | | to indicate | an attachment |
| | ddresses) | | Director Na | | to indicate | an attachment |
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