



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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.

1. Entity ID Number <u>000790045</u>		2. Exact name of the Corporation <u>Pasha Lounge Inc.</u>			
3. Principal Office Address <u>840 Allens Ave.</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02905</u>
4. NAICS Code <u>813410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Hookah Bar</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Zafer Arda</u>			Vice-President Name <u>Unsal Arda</u>		
Street Address <u>7 Prospect St. Apt 8</u>			Street Address <u>22 Linwood Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02915</u>
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			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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		PAR VALUE
					\$0.0100
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					Date <u>6/11/24</u>
Signature of Authorized Representative <u>Zafer Arda</u>					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

BY

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