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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2025
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 001726323		2. Exact name of the Corporation 302 ANGELL, INC	
3. Principal Office Address 47 WOODS AVE Suite 2		City BARRINGTON	State RI
		Zip 02806	
4. NAICS Code 334111	6. Brief description of the character of business conducted in Rhode Island Management		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SAIRA HUSSAIN		Vice-President Name EHSUN MIRZA	
Street Address 47 Wood ave Suite 2		Street Address 47 Wood ave Suite 2	
City Barrington	State RI	Zip 02806	City Barrington
		State RI	
		Zip 02806	
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 <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
		1,000,00	CWP
		PAR VALUE	
		1.000	
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 EHSUN MIRZA			Date 2/10/25
Signature of Authorized Representative 			

MAIL TO:
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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FORM 630- Revised: 12/2023

BY J128y