

REC'D RHODES ESD  
25 FEB 10 AM 9:37:03State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

2023

## 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 WOOD AVE Suite 2		City BARRINGTON	State RI
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 1,000.00	CLASS/SERIES 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. <b>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.</b>			
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