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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	2. Exact name of the Corporation
000107658	FATIMA REALTY INC

3. Principal Office Address	City	State	Zip
119 EAST MAIN ST	WEST WARWICK	R.I	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	HOLDS REALTY
5. State of Incorporation: R.I	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
TARIQ MAHMUD	12 COLLEGE LANE	BARRINGTON	R.I	02806

Vice-President Name	Street Address	City	State	Zip
TARIQ MAHMUD	12 COLLEGE LN	BARRINGTON	R.I	02806

Secretary Name	Street Address	City	State	Zip
TARIQ MAHMUD	12 COLLEGE LN	BARRINGTON	R.I	02806

Treasurer Name	Street Address	City	State	Zip
TARIQ MAHMUD	12 COLLEGE LANE	BARRINGTON	R.I	02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	NO PAR VALUE

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
TARIQ MAHMUD	3/10/25

Signature of Authorized Representative: [signature]

FILED MAR 10 2025 BY ZSBB1

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023