



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDGESS BSD
MAR 10 PM 2:50:05

1. Entity ID Number <u>000107658</u>		2. Exact name of the Corporation <u>FATIMA REALTY INC</u>	
3. Principal Office Address <u>119 EAST MAIN ST</u>		City <u>WEST WARWICK</u>	State <u>R.I</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>HOLDS REALTY</u>	
5. State of Incorporation <u>R.I</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>TARIQ MAHMOUD</u>		Vice-President Name <u>TARIQ MAHMOUD</u>	
Street Address <u>12 COLLEGE LANE</u>		Street Address <u>12 COLLEGE LN</u>	
City <u>BARRINGTON</u>	State <u>R.I</u>	Zip <u>02806</u>	City <u>BARRINGTON</u>
Secretary Name <u>TARIQ MAHMOUD</u>		Treasurer Name <u>TARIQ MAHMOUD</u>	
Street Address <u>12 COLLEGE LN</u>		Street Address <u>12 COLLEGE LANE</u>	
City <u>BARRINGTON</u>	State <u>R.I</u>	Zip <u>02806</u>	City <u>BARRINGTON</u>
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	
		<u>COMMON</u>	
		<u>N/A PAR VALUE</u>	
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 <u>TARIQ MAHMOUD</u>		FILED	Date <u>3/10/25</u>
Signature of Authorized Representative <u>[Signature]</u>		MAR 10 2025 <u>ZSBBJ</u> <u>251</u>	

MAIL TO:
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