



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

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 BUSINESS SERVICES DIVISION
 DEPARTMENT OF STATE
 PROVIDENCE, RI

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 000139640		2. Exact name of the Corporation TBrothers			
3. Principal Office Address 12 Collage Lane			City Barrington	State RI	Zip 02806
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Collects Rent			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Tariq Mahmud			Vice-President Name		
Street Address 12 Collage Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Tariq Mahmud			Treasurer Name Tariq Mahmud		
Street Address 12 Collage Lane			Street Address 12 Collage Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	100	
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 Tariq Mahmud					Date
Signature of Authorized Representative 					

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

FILED

MAR 26 2025

BY SOS/ES

Website: www.sos.ri.gov
 FORM 630- Revised 12/2023