



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.

REC'D RIDGS BSD
25 MAY 27 PM 3:19:27

FILED
MAY 27 2025
BY REBR

1. Entity ID Number 000194519		2. Exact name of the Corporation IHABCH654, INC.			
3. Principal Office Address 232 BROADWAY			City NEWPORT	State RI	Zip 02840
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A RETAIL BUSINESS SELLING TO THE GENERAL PUBLIC, SUCH AS CONVEN. FOOD AND A VARIETY OF DRY GOODS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ASHRAF CHAMSEDDINE			Vice-President Name ALI CHAMSEDDINE		
Street Address 25 MOUNTAIN LAUREL LANE			Street Address 25 MOUNTAIN LAUREL LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
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		
			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 ALI CHAMSEDDINE				Date 05/27/2025	
Signature of Authorized Representative <i>Ali Chamseddine</i>					

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