



**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.

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

REC'D RIDOS BSO  
25 AUG 12 PM 4:18:13

1. Entity ID Number <b>000118924</b>		2. Exact name of the Corporation <b>Rhode Island Favorite Chicken I, Inc</b>			
3. Principal Office Address <b>7237 Hanover Parkway Ste C</b>			City <b>Greenbelt</b>	State <b>MD</b>	Zip <b>20770</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>Fast Food Restaurant</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Shahid J Hashmi</b>			Vice-President Name <b>Rizwan Shamsi</b>		
Street Address <b>529 Springvale Road</b>			Street Address <b>8 Terrapin lan</b>		
City <b>Great Falls</b>	State <b>VA</b>	Zip <b>22066</b>	City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>100</b>	<b>1</b>	<b>1</b>	
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 <b>Rizwan Shamsi</b>				Date <b>08/07/2025</b>	
Signature of Authorized Representative 					

**FILED 4:18 P**

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

**AUG 13 2025**

**BY 993EB** FORM 630- Revised 12/2023