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 FOR SECRETARY OF STATE
 USE ONLY



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

Annual Report for the year: 2022

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 000118924		2. Exact name of the Corporation Rhode Island Favorite Chicken I, Inc			
3. Principal Office Address 7237 Hanover Parkway Ste C			City Greenbelt	State MD	Zip 20770
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Fast Food Restaurant			
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 Shahid J Hashmi			Vice-President Name Rizwan Shamsi		
Street Address 529 Springvale Road			Street Address 8 Terrapin lan		
City Great Falls	State VA	Zip 22066	City Sharon	State MA	Zip 02067
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		
			100	1	1
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 Rizwan Shamsi				Date 08/07/2025	
Signature of Authorized Representative 					

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

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FORM 630- Revised 12/2023
BY 9033EB

FILED 9:14P