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State of Rhode Island

Department of State - Business Services Division

## Annual Report for the year Corporation

- <u>Spa</u>4-

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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| SECRETARY OF STAIL |
| CORPORATIONS DIV   |

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| 1. Entity ID Number   | 2. Exact some of the Cornection   |  |                               |                                |   |             |                   |                   |          |  |
|---|---|--|-------------------------------|--------------------------------|---|-------------|-------------------|-------------------|----------|--|
|   | 1   | 2. Exact name of the Corporation  ABACUS SERVICE CORPORATION |                               |                                |   |             |                   |                   |          |  |
| 000769087   | ABACUS S  | ER   | VICE CORPOR                   |                                |   |             |                   | 7:-               | -        |  |
| 3. Principal Office Address   | DOXD //FE 200   |  |                               | City                           |   |             | State             | Zip<br>40000      |          |  |
| 25925 TELEGRAPH   | Y   |  |                               | SOUTH                          |   |             | MI                | 48033             | $\dashv$ |  |
| 4. NAICS Code   | 6. Brief description of the character of business conducted in Rhode Island |  |                               |                                |   |             |                   |                   |          |  |
| 561300  |   |  |                               |                                |   |             |                   |                   |          |  |
| 5. State of Incomporation   |   |  |                               |                                |   |             |                   |                   |          |  |
| MI  | SERVICES  |  |                               |                                |   |             |                   |                   |          |  |
| 7. List ALL officers (names and addresses)  |   |  |                               |                                | Check the box to indicate an attachment |             |                   |                   |          |  |
| President Name  |   |  |                               | Vice-President Name            |   |             |                   |                   |          |  |
| SREERAM AKUNURT   |   |  |                               | SIRISHA AKUNURI                |   |             |                   |                   |          |  |
| Street Address  |   |  |                               | Street Address                 |   |             |                   |                   |          |  |
| 18584 SOBEY ROAD  |   |  |                               | 18584 SOBEY ROAD               |   |             |                   |                   |          |  |
| City  | State   | Zıp  |                               | City                           |   | State       |                   | Ζιp               |          |  |
| SARATOGA  | CA  | 9  | 5070-5611                     | SARAT                          | OGA                                     | CA          |                   | <u>95070-5611</u> |          |  |
| Secretary Name  |   |  |                               | Treasurer Name                 |   |             |                   |                   |          |  |
| Street Address  |   |  |                               | Street Address                 |   |             |                   |                   |          |  |
| City  | State   | Z.p  |                               | City                           |   | State       |                   | Zp                |          |  |
|   |   |  |                               |                                |   |             |                   |                   |          |  |
| 8. List ALL directors (names and addresses)  Check the box to indicate an attach  |   |  |                               |                                |   |             | ato an attachment | Т                 |          |  |
| Director Name   |   |  |                               | Director Namo                  |   |             |                   |                   |          |  |
| Street Address  |   |  |                               | Street Address                 |   |             |                   |                   |          |  |
| City  | State Zip   |  |                               | City                           |   | State       |                   | Z:p               |          |  |
| Director Name   |   |  |                               | Director Name                  |   |             |                   |                   |          |  |
| Street Address  |   |  |                               | Stree: Address                 |   |             |                   |                   |          |  |
|   |   |  |                               | 10                             |   |             |                   |                   |          |  |
| City  | State   | ∠ıp  |                               | City                           |   | State       |                   | Z <sub>I</sub> p  |          |  |
| 9. Shares Authorized  | nares Authorized 10.  |  |                               | Check the box to indicate an a |   |             |                   | ate an attachment |          |  |
| This information is currently of record in the Department of State.   |   |  | NUMBER OF SHARES CLASSISERIES |                                |   | RIES        |                   | PAR VALUE         |          |  |
|   |   |  | 2000 A                        |                                |   |             | 1                 |                   |          |  |
| Changes require an additional filing.   |   |  |                               |                                |   |             |                   |                   |          |  |
| 11. This report must be executed  | on behalf of the co   | roor   | ation by an authorized        | representativ                  | e. If the corporation i                 | s in the ha | ands of a         | receiver or       |          |  |
| trustee, this report must be execu  | ited on behalf of th  | e co   | rporation by the receiv       | er 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   |   |  |                               |                                |   |             | Date 4            | 1223              |          |  |
|   |   |  | <del></del>                   |                                |   |             | •                 | 1 1               |          |  |
| Signature of Authorized Represe<br>SREERAM AKUNURI  | rtativė   |  |                               |                                |   |             |                   |                   |          |  |

## MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

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