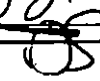



ASC01 11/09/2023 8:05 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED
DEC 06 2023
BY 4122


1. Entity ID Number 000769087		2. Exact name of the Corporation ABACUS SERVICE CORPORATION				
3. Principal Office Address 25925 TELEGRAPH ROAD, STE 206			City SOUTHFIELD	State MI	Zip 48033	
4. NAICS Code 561300		6. Brief description of the character of business conducted in Rhode Island SERVICES				
5. State of Incorporation MI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name SREERAM AKUNURI			Vice-President Name SIRISHA AKUNURI			
Street Address 18584 SOBEY ROAD			Street Address 18584 SOBEY ROAD			
City SARATOGA	State CA	Zip 95070-5611	City SARATOGA	State CA	Zip 95070-5611	
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/SERIS	PAR VALUE	
		2000		A	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					Date 11/15/23	
Signature of Authorized Representative SREERAM AKUNURI 						

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