State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501 et. seq., each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
56157	TASTE OF INDIA, INC.			
3. Street Address Principal Business Office		City	State	Zip
230 WICKENDEN STREET		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			
4014214355	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
PREPERATION AND SALE OF FOOD ALONG WITH GENERAL MAINTENANCE OF RESTAURANT

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ASHWANI KUMAR					
Street Address			Street Address		
10 SETH DRIVE					
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703			
Secretary Name			Treasurer Name		
ASHWANI KUMAR			ASHWANI KUMAR		
Street Address			Street Address		
10 SETH DRIVE			10 SETH DRIVE		
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703	ATTLEBORO	MA	02703

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ASHWANI KUMAR					
Street Address			Street Address		
10 SETH DRIVE					
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
280	COMMON	NO PAR

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.

[redacted] [redacted]

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.

A. Kumar — 01-09-09
Signature — *Date*

ASHWANI KUMAR
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. JAN 14 2009
By: By
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