Filing and License Fee: \$310.00 minimum

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ID N	umber	•	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

corporation hereby applies for a Ce the following statement:	ertificate of Authority to trans	sact business in the State of	Rhode Island, and for that purpose submits
1. The name of the corporation is	Wipro Limited		
2. It is incorporated under the laws	or INDIA		
3. The name, if different, which it e	lects to use in Rhode Island	is:	
(a) If the name of the com	oration in Its jurisdiction of or an abbreviation thereo	of incorporation does not o	ontain the word "corporation," "company," corporation with the addition of one of the
(b) if the corporate name is no qualify and transact bush application:	ot available in Rhode Island ness in Rhode Island as s	, then set forth below the fict tated in the "Fictitious Busin	itious name under which the corporation will ess Name Statement" to be filed with this
4. The date of its incorporation is	12/29/1945	and the period of its	duration is Perpetual
5. The address of its principal office	e in the state or country und	er the laws of which it is inco	porated is
		INGALORE INDIA	56035
6. The address of its proposed reg	istered office in Rhode Islan		Suite 301 Street Address, not P.O. Box)
Providence (City/Town) that address is CT Corporati	, RI <u>0290</u> (Zip Co on System	and the name of its p	roposed registered agent in Rhode Island at
		(Name of Agent)	
7. The purpose or purposes which	it proposes to pursue in the	transaction of business in Rh	ode Island are:
(a) The names and respective a of which it is incorporated).	ddresses of its directors (op	otional unless directors are re	quired under the laws of the state or country
	Name		<u>Address</u>
Director			
Director			
Director			
Director	- 15 -		
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		<u>Na</u>	<u>ne</u>		<u>Address</u>
	President				
	Vice President				
	Treasurer				
	Secretary				
	he aggregate num nd series, if any, v		it has authority to b	ssue, itemized by classes, p	ar value of shares, shares without par value,
	Number of		Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value
7	1,650,000,00	0.00	OHMON.		\$ 82,500,000.
_					
10. (a	a) An estimate o	f the value of all	property to be own	ned by the corporation for	the following year, wherever located, is
(t	a) An estimate o	f the value of the	corporation's prope	erty to be located within F	Rhode Island during the following year is
(c	located within t	his state during the	following year bears	to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage).
11. (8		f the gross amou		e transacted by the con	poration during the following year is
(t		f the gross amour ne following year is:	nt of business to be	transacted by the corporati	on at or from places of business in Rhode
(c	corporation at o	or from places of buby the corporation d	isiness in this state (during the following year be	nount of business to be transacted by the ars to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain
	his application is a f which it is incorpo		ertificate of Good St	anding issued by the proper	officer of the state or country under the laws
13. Th th	his Application for nan the 90 th day af	Certificate of Autho ter the date of this f	rity shall be effective ling	upon filing unless a specif	ed date is provided which shall be no later
				llador nonelle of resi-	/
			ı	examined this Application any accompanying att	ry, I declare and affirm that I have on for Certificate of Authority, including achments, and that all statements
			ı	contained herein are true	and correct.
Date:	: 09/14/	2009		Signature of Act	hartrad Officer of the Cornection
				Signature of Aut	horized Officer of the Corporation
				COIDING	RAMASUBBU

Attachment to Rhode Island Officers & Directors

1 Full Name:

Sridhar Ramasubbu

Officer/Director:

Officer

Officer's Title:

CFO

Business Address:

2 Tower Center Blvd, Suite 2200 East Brunswick

City: State:

NJ

ZIP Code:

143

08816

2 Full Name:

Azim H. Premji

Officer/Director:

Officer

Officer's Title:

CEO

Business Address:

2 Tower Center Blvd, Suite 2200

City:

East Brunswick

State:

NJ

ZIP Code:

08816



SECOND CERTIFICATE (Pursuant to Sec 610(1)(b)

Certificate of Incorporation

Corporate Identity Number: L99999KA1945PLC020800

I hereby certify that M/s. WIPRO LIMITED

Which was originally incorporated under the Indian Companies

Act, 1913 on Twenty Ninth day of December One Thousand

Nine Hundred and Forty Five and that the Company is Limited.

Given under my hand at Bangalore this 19th day of August, Two Thousand Nine.



A.SEHAR PONRAJ ASST.REGISTRAR OF COMPANIES, KARNATAKA, BANGALORE