

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.		, , ,			
1. Corporate ID No.	2. Name of Corporati		AF 0.11		
86506		<u>SID CIAT TON</u>		AND_	Lat
3. State of Incorporation	1 '	in Rhode Island - Street Addr		City	Zip
<u> RI</u>	010 492	SOWAMS R	0 A.D	BARRIN GTON	02806
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	of the affairs which are	e actually conducted in Rhode	Island	1	
SOLIAL WU	tural of	2 fan 12a ti	7 N		
7. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPACES B	EFORE USING ATTACH	MENTS
President Name			Vice President Name		
SHARAD BHA	ATIA		DR RAVI CHANDER		
Street Address 492 JOWAMS	ROAD	-	Street Address 7 CANDLEBE	RRY RD.	
City	State	Zip	City	State	Zip
BARRINKTON	RI	02806	BARRINGTON	PI	02806
Secretary Name	1 0	7-57	Treasurer Name	.L	
UTTAM NARLU			DR. SHALINI MANJHARAMANI		
Street Address			Street Address		
18 STANLEY	AVENUE		338 TITIM		
City	State 9	Zip	City	State A A	02767
BARRINKTUM	KI	02806	RAYNHAM	MA	,
			TACHMENT) TILL IN SPACES I		
THE NUMBER OF DIRECT Director Name	ORS OF A DOME:	STIC (RHODE ISLAND	) CORPORATION SHALL NOT :   Director Name	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
DR. SURENDRA SHARMA			HIRAK BISWAS		
Street Address			Street Address		
95 JOSEPH	L7.		181 FREEMA	N PKWY	
City	State	Zip	City	State	Zip
WARNILLY	RI	02886	PROVIDENCE	K.T.	02906
Director Name	<b>.</b> .		Director Name	D	
DR. SUDHIR BANJAL			Dr. S	SHEEK!	ZRIT DESM
Street Address			Street Address	08	
85 LYNN C	IR		16 BRIAKWOOD	PD.	
City	State	Zip	City	State	Zip
E. GREEN WICH	P1	02818	I LEG COLN	RI	02865
	RHODE ISLAND	- DO NOT ALTER - Ch	anges require filing of Form 6	41 - K.I.G.L. 7-6-13 / 7	-0-78
Agent Name			Address		
Address	•,_•	201211	Cuy	Zip	
					Tr.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	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 begin are true and correct.
File Date	Signature of Officer Date
By \	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title of Officer Form 631 Rev. 12/0