

FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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

The state of the

1. Corporate ID No. 90807	2. Name of Corporation Sutus, Inc.				
3. Street Address Principal Business Office			City	State Rhode Island	Zip
93 Hope Street 4. Business Phone No. 5. State of Incorporation		Providence	Kilode Island	02906	
(401) 831-1122 Rhode Island					
6. Brief Description of the Characte To own, conduct, operate	, maintain and carry o	n the business of a Tha			
7. NAMES AND ADDRESSI	ES OF THE OFFICERS	: ("X" BOX FOR ATTA		SPACES BEFORE USING A	TTACHMENTS
President Name Somying Siryabhibadh Wongsit			Vice President Name None		
	- voligsit		Street Address		
Street Address 365 Elmgrove Avenue					
त्राप् Providence	State Rhode Island	<i>շտ</i> 02906	City	State	Ζip
Secretary Name Somying Siryabhibadh Wongsit			Treasurer Name Somying Siryabhibadh Wongsit		
Street Address			Street Address		
365 Elmgrove Avenue			365 Elmgrove Avenue		
^{City} Providence	State Rhode Island	^{Zip} 02906	Providence	State Rhode Island	02906
8. NAMES AND ADDRESSI	ES OF THE DIRECTOR	RS: ("X" BOX FOR ATT	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACEMENTS (C)
Director Name Somying Siryabhibadh Wongsit			Director Name		
Street Address 365 Elmgrove Avenue			Street Address 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
City	Státe	Zip	City	State	<i>Ziq</i>
Providence	Rhode Island	02906	4		ع رق الله
Director Name			Director Name	. ,	AM O: S
Street Address			Street Address E		
Сиу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	1		10. SHARES ISSUED	 ("X" BOX FOR ATTACHI	 M <i>ENT</i>)
			ISSUED SHARES — THIS SEC	CTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			1,000	Common	No Par Value
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This report must be execut				orporation is in the hands	of a receiver or truste
this report must be execute	d on behalf of the corp	oration by the receiver	or musice.		
	er.				
	*:		Under penalty of p	perjury, I declare and affirm the ompanying schedules and state	at I have examined this
FILE		7		re true and correct.	L
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File Date			- VC / / VC		, ,
File Date SEP 22 2	Die I A		Signature		Date
Check No.	m Ko			Siryabhibadh Wor	