

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. 2013

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(e), 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.

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1. Corporate ID No. 105277'	AAKAŘ INVE	2. Name of Corporation AAKAR INVESTMENTS, INCORPORATED				
3. Street Address Principal Business Office 901 Ocean Road			City Narragansett	State RI	<i>Ζψ</i> 02882	
4. Business Phone No. 5. State of Incorporation (401) 783-2063 RHODE ISLANE						
6. Brief Description of the Charact ownership and managem	•	in Rhode Island				
7. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR ATT		PACES BEFORE USING	ATTACHMENTS	
President Name Suresh B. Bhalala			Vice President Name			
Sireet Address			Street Address			
901 Ocean Road	State	7/6	City	State	Zip	
Narragansett	RI	02882		Siare		
Suresh B. Bhalala			Treasurer Name Rambha S. Bhalala			
Street Address 901 Ocean Road			Street Address 901 Ocean Road			
City Narragansett	State RI	^{Zip} 02882	City Narragansett	State RI	^{Zip} 02882	
8. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR AT		SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Suresh B. Bhalala			Director Name			
Street Address			Street Address			
901 Ocean Road						
City	State	Zip	City	State	Zip	
Narragansett Director Name	JRI	J02882	Director Name	I		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2,000 No Par Value			1000	Common	No Par Value	
This report must be executed this report must be executed the report must be executed	ed on behalf of the co	orporation by an authorize	zed representative. If the c	orporation is in the hand	s of a receiver or trustee,	
Toport Mast of Shoute		1				
		FILED	Under penalty of p	erjury, I declare and affirm	that I have examined this report	
		FEB 2 0 20	:1d:	mpanying schedules and sta	atements, and that all statement	
			contained herein as	O I L	1/31/13	
File Date		BY 3361	Signature	· ·	Date	
Check No.			Suresh B. Bhalala			
Bu-			Print or Type Name			
By:			President			
FOR SECRETARY OF STATE USE ONLY			Title			