



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>00142540</u>		2. Exact name of the Corporation <u>SUNRAY INFOSYS INCORPORATION</u>			
3. Principal office address <u>11 SCHALES CROSSING ROAD</u>			City <u>PLAINSBORO</u>	State <u>NJ</u>	Zip <u>08536</u>
4. Business Phone No. <u>732-895-8789</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>IT SOFTWARE CONSULTING</u>					

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name <u>SUBBARAYUDU NAUANUKALA</u>			Vice-President Name		
Street Address <u>101 WINDSOR POND ROAD</u>			Street Address		
City <u>WEST WINSOR</u>	State <u>NJ</u>	Zip <u>08550</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name <u>SUBBARAYUDU NAUANUKALA</u>			Director Name		
Street Address <u>101 WINSOR POND ROAD</u>			Street Address		
City <u>WEST WINSOR</u>	State <u>NJ</u>	Zip <u>08550</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>100</u>	<u>EQUITY</u>	<u>\$10.00</u>

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Soumya N 02/27/2014
 Signature of Authorized Representative Date
S. NAUANUKALA
 Print or Type Name of Authorized Representative

FILED
 MAY 02 2014
 By 2203459
A.A. 12:25p.m.

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