



**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** 2011

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. <b>00142-540</b>		2. Exact name of the Corporation <b>SUNRAY INFOSYS INCORPORATION</b>			
3. Principal office address <b>11 SCHALKS CROSSING ROAD</b>			City <b>PLAINSBORO</b>	State <b>NJ</b>	Zip <b>08536</b>
4. Business Phone No. <b>732-895-8189</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>IT SOFTWARE CONSULTING</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>SUBBARAYUDU NALLANUKALA</b>			Vice-President Name		
Street Address <b>101 WINDSOR POND ROAD</b>			Street Address		
City <b>WEST WINDSOR</b>	State <b>NJ</b>	Zip <b>08550</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>SUBBARAYUDU NALLANUKALA</b>			Director Name		
Street Address <b>101 WINDSOR POND ROAD</b>			Street Address		
City <b>WEST WINDSOR</b>	State <b>NJ</b>	Zip <b>08550</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
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.					

SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 MAR 10 PM 12:29  
 2014 MAY -2 PM 12:23  
 SECRETARY OF STATE  
 CORPORATIONS DIV

*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.

**FILED**

**Soumya N.** 02/27/2014  
 Signature of Authorized Representative Date

**MAY 02 2014**

**S. NALLANUKALA**  
 Print or Type Name of Authorized Representative

By: **223459**  
**A.A. 12:24 p.m.**