



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 2013**

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>000565110</b>		2. Exact name of the Corporation <b>Astrum Solar, Inc.</b>		
3. Principal office address <b>8955 Henkels Lane, Suite 508</b>		City <b>Annapolis Junction</b>	State <b>Maryland</b>	Zip <b>20701</b>
4. Business Phone No. <b>(800) 903-6130</b>		5. State of Incorporation <b>Maryland</b>		
6. Brief description of the character of business conducted in Rhode Island <b>The sale and installation of residential and commercial photovoltaic solar systems.</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Vadim Polikov</b>		Vice-President Name <b>Benjamin Davis</b>		
Street Address <b>5010 Walking Stick Road, Apt J</b>		Street Address <b>9110 Blues Alley, Apt M</b>		
City <b>Ellicott City</b>	State <b>Maryland</b>	Zip <b>21043</b>	City <b>Laurel</b>	State <b>Maryland</b>
Secretary Name <b>Joshua Goldberg</b>		Treasurer Name <b>Vadim Polikov</b>		
Street Address <b>3000 Stone Cliff Drive, Apt 306</b>		Street Address <b>5010 Walking Stick Road, Apt J</b>		
City <b>Baltimore</b>	State <b>Maryland</b>	Zip <b>21209</b>	City <b>Ellicott City</b>	State <b>Maryland</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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.				

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

Form No. 630  
Revised: 01/2012

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.

Signature of Authorized Representative

Date

**Joshua Goldberg**

Print or Type Name of Authorized Representative

FILED

MAY 30 2014

By **205258**

**A.A. 10:45 A.M.**

**2/27/14**