



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

2015

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. 000818613		2. Exact name of the Corporation INTERNATIONAL AGRO SYSTEMS, INC			
3. Principal office address 31 CAPITOL VIEW AVENUE		City NORTH PROVIDENCE		State RI	Zip 02908
4. Business Phone No. (401) 569 7305		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SALE OF CATTLE & CATTLE EQUIPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name GAREN A. BAGDASARIAN			Vice-President Name SERGEY OGANOV		
Street Address 31 CAPITOL VIEW AVENUE			Street Address 13271 KEMPER ROAD		
City NORTH PROVIDENCE	State RI	Zip 02908	City ALPHARETA	State GA	Zip 30004
Secretary Name SERGEY OGANOV			Treasurer Name GAREN A. BAGDASARIAN		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			200	COMMON	NO PAR

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

FILED

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A.A.

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

GAREN A. BAGDASARIAN
Print or Type Name of Authorized Representative