



**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 2016**

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>56157</b>		2. Exact name of the Corporation <b>Taste of India</b>			
3. Principal office address <b>230 Wickenden Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-421-4355</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Preparation and sale of food along with general maintenance of restaurant.</b>					
President Name <b>Ashwani Kumar</b>			Vice-President Name <b>Ashwani Kumar</b>		
Street Address <b>10 Seth Drive</b>			Street Address <b>10 Seth Drive</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Secretary Name <b>Ashwani Kumar</b>			Treasurer Name		
Street Address <b>10 Seth Drive</b>			Street Address		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City	State	Zip
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
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
			280	common	no par value

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.

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.

*Ashwani Kumar*

01-05-2016

Signature of Authorized Representative

Date

**Ashwani Kumar**

Print or Type Name of Authorized Representative

**FILED**

JAN 11 2016

BY *2040*