



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