



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. <u>18605</u>		2. Exact name of the Corporation <u>IIRI INTERNATIONAL, INC</u>			
3. Principal office address <u>308 EAST SCHOOL STREET</u>		City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	
4. Business Phone No. <u>401-671-2926</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>RETAIL CLOTHING, ACCESSORIES & GIFTS</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JAGDISH C SACHDEV</u>			Vice-President Name <u>JAGDISH C SACHDEV</u>		
Street Address <u>7 LORD BROOK</u>			Street Address <u>7 LORD BROOK</u>		
City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>	City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>
Secretary Name <u>JAGDISH C SACHDEV</u>			Treasurer Name <u>JAGDISH C SACHDEV</u>		
Street Address <u>7 LORD BROOK</u>			Street Address <u>7 LORD BROOK</u>		
City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>	City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>350</u>	<u>A</u>	

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

FILED

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HL 3057

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

JAGDISH C SACHDEV PRESIDENT

Print or Type Name of Authorized Representative