

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID M: 105277	2. Name of Corporation AAKAR INVESTMENTS, INCORPORATED				
3. Street Address Principal Business Office 901 Ocean Road			City Narragansett	State RI	<i>Ζίρ</i> 02882
4. Business Phone No. 5. State of Incorporation (401) 783-2063 RHODE ISLAND					
6. Brief Description of the Character of ownership and managemen		Phode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN S Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Suresh B. Bhalala Street Address			Street Address		
901 Ocean Road				.	
City Narragansett	State RI	^{Zip} 02882	City	State	Zip
Suresh B. Bhalala			Treasurer Name Rambha S. Bhalala		
Street Address 901 Ocean Road			Street Address 901 Ocean Road		
City Narragansett	State RI	<i>Zip</i> 02882	City Narragansett	State RI	^{Zip} 02882
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR:	S; ("X" BOX FOR ATT	ACHMENT) TILL IN Director Name	SPACES BEFORE USING	G ATTACHMENTS
Suresh B. Bhalala					
Street Address			Street Address		
901 Ocean Road	State	Zip	City	State	Zip
Narragansett	RI	02882	Ť		
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 No Par Value			1000	Common	No Par Value
This report must be executed this report must be executed or				orporation is in the hands	of a receiver or trustee,
FIL	ED				hat I have examined this report tements, and that all statements
File Date FEB 1	2 2016		contained herein ar	e true and correct.	2/10/16
Check No CM 3466	/		Signature Suresh B. Bhalaia Print or Type Name		
Ву:					
FOR SECRETARY OF STA	TE USE ONLY		President		
			Title		Form 630 Rev. 12/06