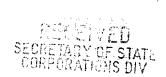


State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



2016 JUN -2 AM 8: 38

Profit Corporation Annual Report for the year:

Filing period: January 1 - March 1

E11: E ASA AA		and the second s			
Filing Fee: \$50.00 *FAILL	JRE TO FILE T	HIS REPORT BY I	MARCH 31 WILL RE	SULT IN A \$25.00	PENALTY FEE.
1. Entity ID Number	2. Exact name	of the Corporation	edenezakoa Egeze		nellastrites et et
3. Principal Office Address	<u> </u>	<u>K</u> IIIC			
3. Findpar Office Address			City	State	Zip
1 beaut St			MARRAGO	inself RI	100882
4. Business Phone Number			5. State of Incorpora	tion	- 100000-
401-363-9988			7.7		
6. Brief description of the cha	iracter of busines	s conducted in Rhod	e Island		
Lestaura	nt				
7. List ALL officers (names ar President Name	id addresses)		Ch	eck the box to indicat	te an attachment
Punelt Kumar			Vice-President Name		
Street Address Each Steet			Street Address		
MARRAGANSET	State	C8860	City	State	Zip
Se detary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names a	ind addresses)	Sale Park to Park	Chi	eck the box to indicat	A an affachmant
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized	La composition de la reconstruction de la composition della compos		10 05		estativistical space with a supplication of the supplication of th
This information is currently of record in the Department of State. Changes require an additional filing.			1	Check box to indicate	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0.01
					•
11. This report must be execut receiver or trustee, this report	MILIST ME EXECUTIVE	a an opensit of the cor	DOPOTION by the receive		
Under penalty of perjury, I d statements, and that all state	eciare and affirn	n that I have examin	ed this report includ	ding any accompany	ving schedules and
Name of Authorized Representative Date					
Punet	Kum	He.		6	120110
Signature of Authorized Repre	sentative				100,0
PUNE	£7	SIGN DOCUM	MENT HERE		

FILED

JUN 0 2 2016

A 15 658

Form No. 630 Revised: 2016