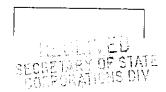


State of Rhode Island and Providence Plantations Department of State - Business Services Division

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



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HOPE Phone: (40	1) 222-3040 Er	nail: corporations@s	os.ri.gov Website: w	ww.sos.ri.	gov	2016 JUL 18 PM 2
Profit Corporation A	Annual Repo	ort for the vear:	2011			Z010 30F 10 111 m
Filing period: January 1 -	March 1	-				
Filing Fee: \$50.00 *FAIL	URE TO FILE	THIS REPORT BY	MARCH 31 WILL F	RESULT	IN A \$25.00	PENALTY FFF
1: Entity ID Number	2. Exact nam	e of the Corporation				
8825	Ville	yiny 1	20 continu	1 Pc	urthers	Jnc
3. Principal Office Address	160, 12710) s yezhoù- Car <u>10</u> 7,66 -		City :		State	Zip
1 Beach St			Narragan	12#	1 172	02114
4. Business Phone Number			5. State of Incorpo	ration		
401 483	RI					
6. Brief description of the ch	aracter of busine	ess conducted in Rho	de Island	17.17.77.0000 NO.	ting this coli	
104014						
7. List ALL officers (names a	and addresses)			Check the	box to indicat	e an attachment
President Name Piyush Pakel			Vice-President Name	•	\cap	- Late -
Street Address			Street Address	1	1,0461	
11 Pigy	Marke		((Pigr	ma	KAH Place.
City	State	Zip	City	-	State	Zip
Narragansett It CXII 2			Marrago	(4) att		04185
Occident Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names	and addresses)		A111	Marathas are Make	Markey a linear consequences	
Director Name	and addicases):		Director Name	neck the	oox to indicat	e an attachment
Street Address			Street Address			
			_			
City	State	Zip	City		State	Zip
9, Shares Authorized						
OF OHAIOS) AND OHECO MELONISHOUR	AND THE PROPERTY OF THE PROPER		10. Shares Issued	1		an attachment
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
			100			0
	_					
11. This report must be exec	uted on behalf of	the comoration by a	 authorized rootocom	intion is at	THE RESERVE OF THE PARTY OF THE	Stranger will be a stranger to the stranger to
receiver of trustee, this repor	i musi de execui	led on behalf of the c	omoration by the rece	iver or true	etoo	
Unger penalty of perjury, I	declare and affi	rm that I have exam	ined this report, incl	uding any	/ accompanj	ring schedules and
statements, and that all sta Name of Authorized Represe	tements contail	ned nerein are true i	and correct.			
l /3	Ø				Date	13116
Sachin	1ar1				J/	\(\lambda\) (10
Signature of Authorized Repr	esentative	0.00.			111	\bigcirc
		SIGN DOCU	MENT HERE		[[] [] []	1111 =

Form No. 630 Revised: 2016 JUL 1 8 2016