RI SOS Filing Number: 201603090580 Date: 08/01/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000107819	VAIDYA CONSULTANTS, INC.			
3. Principal Office Address		City	State	Zip
12 CRYSTAL ROAD		WILMINGTON	MA	01887
4. Business Phone Number		5. State of Incorporation		
978-657-7121		MASSACHUSETTS		

6. Brief description of the character of business conducted in Rhode Island

Engineering and construction representation

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Surendra R. Vaidya			Vice-President Name:		
Street Address: 12 Crystal Road			Street Address:		
City: Wilmington	State: MA	Zip: 01887	City:	State:	Zip:
Secretary Name: Surendra R. Vaidya			Treasurer Name: Surendra R. Vaidya		
Street Address: 12 Crystal Road			Street Address: 12 Crystal Road		
City: Wilmington	State: MA	Zip: 01887	City: Wilmington	State: MA	Zip: 01887

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Surendra R. Vaidya			Director Name:		
Street Address: 12 Crystal Road			Street Address:		
City: Wilmington	State: MA	Zip: 01887	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200,000	CNP	0.00
Changes require an additional filing.			

11. 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.

Name of Authorized Representative	Date
Surendra R. Vaidya	7/28/2016

Signature of Authorized Representative: Surendra R. Vaidya SIGN DOCUMENT HERE

FILED

AUG - 1 2016

BY _____

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov