



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

Annual Report for the year: 2017
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 105277		2. Exact name of the Corporation AAKAR INVESTMENTS, INCORPORATED			
3. Principal Office Address 901 Ocean Road		City 901 Ocean Road	State RI	Zip 02882	
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island ownership and management of real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Suresh B. Bhalala		Vice-President Name			
Street Address 901 Ocean Road		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Suresh B. Bhalala		Treasurer Name Rambha S. Bhalala			
Street Address 901 Ocean Road		Street Address 901 Ocean Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Suresh B. Bhalala		Director Name			
Street Address 901 Ocean Road		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	No Par Value
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 Suresh B. Bhalala				Date 1/11/2017	
Signature of Authorized Representative 				FILED JAN 17 2017 BY	
SIGN DOCUMENT HERE					

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