



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.

FILED

JAN 20 2017

BY

2464

1. Entity ID Number 56157	2. Exact name of the Corporation Taste of India
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3. Principal Office Address 230 Wickenden Street	City Providence	State RI	Zip 02903
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4. NAICS Code 53 - Real Estate and Rental	6. Brief description of the character of business conducted in Rhode Island Preparation and sale of food along with general maintenance of restaurnt.
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 Ashwani Kumar			Vice-President Name Ashwani Kumar		
Street Address 10 Seth Dr.			Street Address 10 Seth Dr.		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Secretary Name Ashwani Kumar			Treasurer Name		
Street Address 10 Seth Dr.			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	280	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 ASHWANI KUMAR	Date 1/18/17
Signature of Authorized Representative 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