s s	tate of Rhode Island and Pro Office of the Secret		Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>001339199</u>			
2. Exact Name of the Limited Liability Company <u>VEDICSOFT SOLUTIONS, LLC</u>			
3. State of Formation			
State: <u>TX</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
5. Principal Office Address			
No. and Street:100 WOOD AVE SOUTH, SUITE 200City or Town:ISELINState:NJZip:08830Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 100 WOOD AVENUE SOUTH, SUITE 200 City or Town: ISELIN State: NJ Zip: 08830			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip C	ode, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\frac{\text{BUSINESS FILINGS INTERNATIONAL, INC.}}{\text{PROVIDENCE}, \ \underline{\text{RI}} \ \underline{02914}}$

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of September, 2017 at 10:50:02 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By SREENIDHI SHARMA

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved