

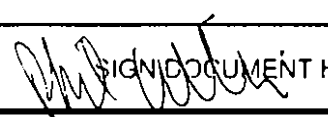


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

STAMP

- 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 001660634		2. Exact name of the Corporation V-SOFT CONSULTING GROUP, INC.			
3. Principal Office Address 101 BULLITT LANE, SUITE 205		City LOUISVILLE		State KY	Zip 40222
4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island IT CONSULTING & STAFFING				
5. State of Incorporation TEXAS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PURNA VEERAMACHANENI (President)			Vice-President Name PHIL WILLIAMS (VP/GENERAL COUNSEL)		
Street Address 101 BULLITT LANE, SUITE 205			Street Address 101 BULLITT LANE, SUITE 205		
City LOUISVILLE	State KY	Zip 40222	City LOUISVILLE	State KY	Zip 40222
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RADHIKA VEERAMACHANENI (CEO)			Director Name Purna Veeramachaneni (President)		
Street Address 101 BULLITT LANE, SUITE 205			Street Address 101 Bullitt Lane Suite 205		
City LOUISVILLE	State KY	Zip 40222	City Louisville	State KY	Zip 40222
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	
		1000			
				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 PHIL WILLIAMS				Date 10/5/2017	
Signature of Authorized Representative 					

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

OCT 16 2017

FILED 11061

FORM 630 - Revised: 08/2017