



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

**Annual Report for the year: 2018**  
**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 25 2018  
 BY 4278

1. Entity ID Number <b>74512</b>		2. Exact name of the Corporation <b>Atlantic Kare Corp.</b>			
3. Principal Office Address <b>P. O. Box 593</b>			City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>
4. NAICS Code <b>53110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own, deal in, manage, and invest in real estate</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vergis G. Kattapuram</b>			Vice-President Name <b>Susan V. Kattapuram</b>		
Street Address <b>19 Gavin Circle</b>			Street Address <b>19 Gavin Circle</b>		
City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>	City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>
Secretary Name <b>Vergis G. Kattapuram</b>			Treasurer Name <b>Vergis G. Kattapuram</b>		
Street Address <b>19 Gavin Circle</b>			Street Address <b>19 Gavin Circle</b>		
City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>	City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Vergis G. Kattapuram</b>			Director Name		
Street Address <b>19 Gavin Circle</b>			Street Address		
City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Vergis G. Kattapuram</b>					Date <b>Jan 18, 2018.</b>
Signature of Authorized Representative <i>Vergis G. Kattapuram</i> SIGN DOCUMENT HERE					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov