



State of Rhode Island and Providence Plantations

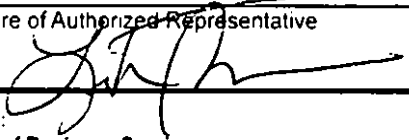
Department of State - Business Services Division

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.

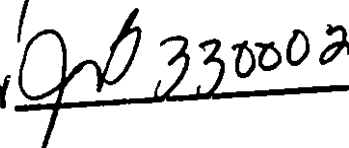
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 MAY -4 AM 11:05

1. Entity ID Number 001658990		2. Exact name of the Corporation MAKRO TECHNOLOGIES, INC.			
3. Principal Office Address 4 INDEPENDENCE WAY, SUITE 110			City PRINCETON	State NJ	Zip 08540
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island CONSULTING in IT PROGRAM			
5. State of Incorporation NEW JERSEY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MAHESH MALNEEDI			Vice-President Name NONE		
Street Address 4 INDEPENDENCE WAY, SUITE 110			Street Address		
City PRINCETON	State NJ	Zip 08540	City	State	Zip
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 ☐					
Director Name MAHESH MALNEEDI			Director Name NONE		
Street Address 4 INDEPENDENCE WAY, SUITE 110			Street Address		
City PRINCETON	State NJ	Zip 08540	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	ORDINARY	00	
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 LA-TAVIA BROWN				Date 04/24/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

11:07 MAY 04 2018

 BY  330002

FORM 630 - Revised: 10/2017