



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019

## Corporation

→ 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 <u>18605</u>		2. Exact name of the Corporation <u>IIRT INTERNATIONAL, INC.</u>			
3. Principal Office Address <u>308 EAST SCHOOL STREET, PO Box 1370</u>			City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>
4. NAICS Code <u>44330</u>		6. Brief description of the character of business conducted in Rhode Island <u>RETAIL CLOTHING, ACCESSORIES &amp; GIFTS</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>JAGDISH C SACHDEV</u>			Vice-President Name <u>JAGDISH C SACHDEV</u>		
Street Address <u>7 LORD BROOK</u>			Street Address <u>7 LORD BROOK</u>		
City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>	City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>
Secretary Name <u>JAGDISH C SACHDEV</u>			Treasurer Name <u>JAGDISH C SACHDEV</u>		
Street Address <u>7 LORD BROOK</u>			Street Address <u>7 LORD BROOK</u>		
City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>	City <u>CROMWELL</u>	State <u>CT</u>	Zip <u>06416</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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 <u>350</u>		
			CLASS/SERIES <u>A</u>		
			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 <u>JAGDISH C SACHDEV, PRESIDENT</u>				Date <u>1/08/19</u>	
Signature of Authorized Representative <u>Jagdish C. Sachdev</u>				FILED	