RI SOS Filing Number: 201984192420 [0/2019 4:00:00 F	PM		
State of Rhode Island and Providence Plantations							
Department of Sta	te - Business	Services Di	vision				
Annual Report for the year	ar.	10					
-	". <u>20</u>	<u> 19</u>				•	
Corporation		•					
→ Filing period: January 1 - M → Filing Fee: \$50.00	arcn 1						
→ Penalty: Additional \$25.00 fe	e if form is not file	ed by April 1					
		• •					
Entity ID Number	2. Exact name of	the Corporation					
18605	IIRI I	NTERNATIO	NALITA	VC	-		
Principal Office Address			City		State	Zıp	
308 FAST SCHOOLSTA	PEET PIOR	0x 1271	WOONS	OCKET	RT	02895	
4. NAICS Code	6. Brief description	on of the character		onducted in Rhode Isla	and		
(1)1330							
5. State of Incorporation	1						
		. .	A -				
MHODE ISLAND		LOTHING	ACCES	SORIES & GI	E75		
7. List ALL officers (names and add President Name	resses)		Vice-President		e box to indicate	e an attachment 🔲	
TAGDISH C SACHDEV			TAGDISH C. SACHDEV				
Street Address			Street Address				
7 LURD BROOK	,		7 Lion	RD BROOK	T		
City	State	Zip 064/6	City	J- / i	State	2ip 06 4 16	
CROMWIFIL Secretary Name	CT	067/6	Treasurer Nam	<i>A/F= L-Z</i>	<u> </u>	1003716	
I				JAGDISH C SACHDEY			
Street Address			Street Address				
7 LURD BROOK	Io	r		RD BROOK	In i	T-	
City	State	21p 06416	CROMY	US 1 1	State	ZIP 06416	
8. List ALL directors (names and ad	dresses)	100710	Chomy		e box to indicat	e an attachment	
Director Name	•		Director Name	. 1.			
N/A			N/A				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name	. 10			
Street Address			Street Address				
Street Address			Sileet Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record	d in the	10. Shares Issue NUMBER OF SH		Check th	e box to indicate	e an attachment PAR VALUE	
Department of State.	a in the						
Changes require an additional filing.		350		<u> </u>			
Changes require an additional hing.							
11. This report must be executed on	behalf of the corp	poration by an aut	norized represe	entative. If the corpora	ition is in the ha	nds of a receiver or	
trustee, this report must be execute	d on behalf of the	corporation by the	receiver or tru	istee.			
Under penalty of perjury, I declar			•	cluding any accomp	anying schedu	les and	
statements, and that all statement Name of Authorized Representative		ein are true and t	orrect.		Date /	,	
l					1/10	/19	
JAGDISH C SACHDEV PRESIDENT 1/08/19							
Signature of Authorized Representative							
Loyard C- Jay 2000							
MAIL TO:				UAN I	V ZU19		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017