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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

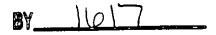
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

		iled by April 1.			_				
1. Entity ID Number 001 680 46 7	2. Exact name of	of the Corporation	Inc.						
	46		Penid	Incl	State	•	^{Zip} 02.90%		
4. NAICS Code 5410 6. Brief description of the character of business conducted in Rhode Island Business Consulting Scenario 5. State of Incorporation									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name OUSAU Gun-Kul Street Address V			Vice-President Name Goffen Gentel						
1 40 man 140 man 24									
City Praidule	State	Zip 02906	Provide	!	State		^{Zip} 02900		
Secretary Name									
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				Director Name					
Street Address	Street Address								
City	State	Zip	City		State		Zip		
Director Name	Director Name Now								
Street Address			Street Address	•					
City	State	Zip	City		State		Zip		
9. Shares Authorized	-	10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE							
This information is currently of record in the Department of State. Changes require an additional filing.		1,000.	HARES	ARES CLASS/SERIËS STK		A). O (
						, 	· '		
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 rand that all statements contained herein are true and correct.									
Name of Authorized Representative				ED.	Date 9 2	8 20)19		
Signature of Authorized Representative SIGN DOCUMENT CITIZE VIII									
MAIL TO: OCT 0 7 2019									

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