



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
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1. Entity ID Number 000737922		2. Exact name of the Corporation Retreat Capital Management, Inc.			
3. Principal Office Address 6303 COMMERCE DRIVE, SUITE 150			City Irving	State TX	Zip 75063
4. NAICS Code 522292		6. Brief description of the character of business conducted in Rhode Island Advisory, component services			
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Saravanan Adiseshan			Vice-President Name		
Street Address 6303 COMMERCE DRIVE, SUITE 150			Street Address		
City Irving	State TX	Zip 75063	City	State	Zip
Secretary Name			Treasurer 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 <input type="checkbox"/>					
Director Name Shankar Krishnamurthy			Director Name		
Street Address 6303 COMMERCE DRIVE, SUITE 150			Street Address		
City Irving	State TX	Zip 75063	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000,000		Common	none
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 Shankar Krishnamurthy				Date 5/24/2019	
Signature of Authorized Representative <i>Shankar Krishnamurthy</i>				FILED	

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