RI SOS Filing Number: 201924879950 Date: 10/18/2019 12:15:00 PM

Siate of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

-> Filing period: January 1 - March 1

Filing Fee: \$50.00

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SECRETAREIVED
SECRETARY OF STATE CORPORATIONS DIV
2018 DOS
2019 OCT 18 PM 12: 14

1. Entity ID Number 000737922		2. Exact name of the Corporation Retreat Capital Management, Inc.					
3. Principal Office Address					State	Zip	
6303 COMMERCE DRIVE	E, SUITE 150		irving		TX	75063	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
522292	Advisory,	Advisory, component services					
5. State of Incorporation California							
I List ALL officers (names ar	nd addresses)				ck the bax to	indicate an attachment	
President Name Adiseshan Saravanan			Vice-President Name				
Street Address 6303 COMMERCE DRIVE, SUITE 150			Street Address				
City Irving	State TX	^{Zıp} 75063	City State		State	Zip	
ecretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City		State	Ζφ	
b. List ALL directors (names a	and addresses)			Che	ck the box to	indicate an attachment	
Director Name Shankar Krishnamurthy			Director Name				
treet Address 6303 COMMERCE DRIVE, SUITE 150			Street Address				
lrving	State TX	^{Zip} 75063	City		State	Zıp	
Director Name	- <u> </u>	 	Director Name				
Street Address			Street Address				
Dity	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss			k the box to	indicate an attachment	
his Information is currently of record in the Department of State. Changes require an additional filling.		NUMBER O		ARES CLASS/SERIES		PAR VALUE	
		1,000,000		Common		none	
	mmy.						
11. This report must be execu	ited on behalf of the	corporation by an	authorized repress	entative. If the cor	poration is in	the hands of a receiver	
rustee, this report must be ex Under penalty of perjury, I d	recuted on benalf of feclare and affirm t	tne corporation by hat I have examin	the receiver or trued this report, in	istee. Icluding anv acci	ompanvino s	chedules and	
statements, and that all star Name of Authorized Represer	tements contained	herein are true ar	d correct.				
varne or Authorized Represer Shankar Krishnamurthy	Kallye		FI	LED	Date 5/24/20	340	
Signature of Authorized Repre	sentative			<u></u>	3/24/20	/ 	
oignature of Authorized Repre	A. Iha	WHO K	OCT	18 2019	. 010	,	
	<u></u>			nia	4	·	
IAIL TO: livision of Business Services		n·	15 JA	1001	17/		
48 W. River Street, Providence, f	Rhode Island 02904-26	515		•			
hone: (401) 222-3040 Vebsite: www.sos.ri.gov		-	V		F		