



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2020
Corporation

2019 OCT 28 PM 4: 14

- 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 # <u>174145</u>		2. Exact name of the Corporation <u>Adel Business Systems Inc</u>					
3. Principal Office Address <u>2 Regency Plaza #11</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>				
4. NAICS Code <u>561220</u>	6. Brief description of the character of business conducted in Rhode Island <u>Staffing Agency</u>						
5. State of Incorporation <u>NY</u>							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name <u>Tanaki Ram Ajjarapu</u>		Vice President Name <u>Aruna Raj Ajjarapu</u>					
Street Address <u>55 Mineola Blvd #3</u>		Street Address <u>55 Mineola Blvd #3</u>					
City <u>Mineola</u>	State <u>NY</u> Zip <u>11501</u>	City <u>Mineola</u>	State <u>NY</u> Zip <u>11501</u>				
Secretary Name <u>Aruna Raj Ajjarapu</u>		Treasurer Name <u>Tanaki Ram Ajjarapu</u>					
Street Address <u>55 Mineola Blvd #3</u>		Street Address <u>55 Mineola Blvd #3</u>					
City <u>Mineola</u>	State <u>NY</u> Zip <u>11501</u>	City <u>Mineola</u>	State <u>NY</u> Zip <u>11501</u>				
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	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	
		<u>100</u>				<u>0</u>	
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. <u>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.</u>							
Name of Authorized Representative <u>[Signature]</u>						Date <u>10.28.19</u>	
Signature of Authorized Representative						FILED	
OCT 28 2019							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY cm H2Y8W
4:19