



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2017
 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. Filing ID Number 174145		2. Exact name of the Corporation Adel Business Systems Inc	
3. Principal Office Address 2 Regency Plaza #11		City Providence	State RI
		Zip 02903	
4. NAICS Code 561220	5. Brief description of the character of business conducted in Rhode Island Staffing Agency		
5. State of Incorporation NY			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Janaki Ram Ajjarapu		Vice President Name Aruna Ray Ajjarapu	
Street Address 55 Mineola Blvd #3		Street Address 55 Mineola Blvd #3	
City Mineola	State NY	City Mineola	State NY
Zip 11501		Zip 11501	
Secretary Name Aruna Ray Ajjarapu		Treasurer Name Janaki Ram Ajjarapu	
Street Address 55 Mineola Blvd #3		Street Address 55 Mineola Blvd #3	
City Mineola	State NY	City Mineola	State NY
Zip 11501		Zip 11501	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 100	CLASS/SERIES
Changes require an additional filing.		PAR VALUE 0	
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 Ru N Prabelka		FILED <input checked="" type="checkbox"/>	Date 10.28.19
Signature of Authorized Representative		OCT 28 2019 BY HZY/BA	

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