



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

Annual Report for the year: 2020  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 JAN 29 PM 12:35  
 STATE OF RHODE ISLAND  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

1. Entity ID Number <b>000654184</b>		2. Exact name of the Corporation <b>Paras Cellnet, INC</b>			
3. Principal Office Address <b>363 Smithfield Ave</b>		City <b>PAWtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
4. NAICS Code <b>57312</b>		6. Brief description of the character of business conducted in Rhode Island <b>Cell phone store</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mamta Mehta</b>		Vice-President Name			
Street Address <b>6 Orchard Place</b>		Street Address			
City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>600</b>	<b>CNP</b>	<b>0</b>	
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				Date	
				<b>1/29/2020</b>	
Signature of Authorized Representative					

FILED

JAN 29 2020 12:35  
 BY KC TKFAS