



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001674460		2. Exact name of the Corporation Busitants Inc												
3. Principal Office Address 10 Dorrance St Suite 700			City Providence	State RI	Zip 02903									
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island IT Consulting, Software development and implementation												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Tarun Adari			Vice-President Name											
Street Address 10 Dorrance St #700			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Tarun Adari			Treasurer Name											
Street Address 10 Dorrance St #700			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Tarun adari			Director Name											
Street Address 10 Dorrance St #700			Street Address											
City Providence	State RI	Zip 02903	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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	1000	1.00			
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1000	1000	1.00												
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. <i>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.</i>														
Name of Authorized Representative Tarun Adari				Date 03/15/2022										
Signature of Authorized Representative 			FILED MAR 25 2022 BY 9VQEG 2:20											