



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN 23 PM 1:53

Annual Report for the year: 2022
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 001720598		2. Exact name of the Corporation Astute Business Solutions Corp.	
3. Principal Office Address 11501 Dublin Blvd; Ste. 200		City Dublin	State CA
		Zip 94568	
4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island Astute, CA based company is responding back to RFP. We have no employees, customers or vendors in R.I. There is no person or office in R.I.		
5. State of Incorporation California			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Arvind Rajan		Vice-President Name Sudhir Mehndru	
Street Address 11501 Dublin Blvd; Ste. 200		Street Address 11501 Dublin Blvd. Ste. 200	
City Dublin	State CA	Zip 94568	City Dublin
			State CA
			Zip 94568
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.			PAR VALUE
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 Sudhir Mehndru		Date 1/19/2023	
Signature of Authorized Representative 			

FILED

JAN 23 2023
BY ML VHIGR
1:54

MAIL TO:
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