



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 01 2023

50032

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Tarun Adari			Director Name		
Street Address 10 Dorrance St			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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. <b>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.</b>					
Name of Authorized Representative Tarun Adari				Date 02/04/2023	
Signature of Authorized Representative					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov