



State of Rhode Island  
Department of State - Business Services Division

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.

REC'D RIDOS BSD  
24 MAR 19 PM 3:19:14

1. Entity ID Number <b>001702478</b>		2. Exact name of the Corporation <b>Oxford Talents of New England Inc.</b>				
3. Principal Office Address <b>5 cedar street #607</b>			City <b>hopkinton</b>	State <b>ma</b>	Zip <b>01748</b>	
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>modeling business Placing talent</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Jaspreet Arora</b>			Vice-President Name			
Street Address <b>7 walnut way</b>			Street Address			
City <b>hopkinton</b>	State <b>ma</b>	Zip <b>01748</b>	City	State	Zip	
Secretary Name <b>navdeep Arora</b>			Treasurer Name			
Street Address <b>7 walnut way</b>			Street Address			
City <b>hopkinton</b>	State <b>ma</b>	Zip <b>01748</b>	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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
		<b>1,000</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. <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 <b>navdeep arora</b>				Date <b>3/18/24</b>		
Signature of Authorized Representative 						

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**MAR 19 2024**  
**BY 9325w**