



State of Rhode Island
Department of State - Business Services Division

RECD R:005 BSD
24/MAR 19 PM 3:15:5

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 001702478		2. Exact name of the Corporation Oxford Talents of New England Inc.			
3. Principal Office Address 5 cedar street #607			City hopkinton	State ma	Zip 01748
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island modeling business Placing talent			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jaspreet Arora			Vice-President Name		
Street Address 7 walnut way			Street Address		
City hopkinton	State ma	Zip 01748	City	State	Zip
Secretary Name navdeep Arora			Treasurer Name		
Street Address 7 walnut way			Street Address		
City hopkinton	State ma	Zip 01748	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
		1,000		CNP	0.8
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 navdeep arora				Date 3/18/24	
Signature of Authorized Representative 					

FILED 321

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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BY 9B2SW