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.				•	REC'D RIDOS BSD 24%RR 19 F43:15:5	
Entity ID Number	2. Exact name	e of the Corporation			·· =	
001702478	Oxiora	lalents of the	w England Inc.		<b></b>	
Principal Office Address     cedar street #607			hopkinton	State ma	Zip 01748	
4. NAICS Code	6. Brief descr	iption of the charact	ter of business conducted in	Rhode Island		
812990	modeling business Placing talent					
5. State of Incorporation RI	1					
<ol><li>List ALL officers (names and ad</li></ol>	dresses)			ck the box to indicate a	an attachment 🔲	
President Name Jaspreet Arora	а		Vice-President Name			
Street Address 7 walnut way			Street Address			
City hopkinton	State ma	<sup>Zip</sup> 01748	City	State	Zip	
Secretary Name navdeep Arora	<del></del> а	<del></del>	Treasurer Name			
Street Address 7 walnut way		<del> </del>	Street Address			
City hopkinton	State ma	<sup>Zip</sup> 01748	City	State	Zip	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment			
Director Name			Director Name			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City	State	Zıp	
Director Name		<u>.</u>	Director Name			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		

11	. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the han	ds of a re-
		••••
ceiv	iver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee,	
	TOTAL COOKER, and report medical and account of the conference of	

City

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.

10. Shares Issued

1,000

Zip

Name of Authorized Representative

State

Changes require an additional filing.

This information is currently of record in the

navdeep arora

9. Shares Authorized

Department of State.

City

3/18/24 MFILED 321

Date

State

Check the box to indicate an attachment CLASS/SERIES PAR VALUE

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 MAR 19 2024 BY 9B25W

CNP

FORM 630- Revised 12/2023

Zip

..&