



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024**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 RI SOS BSD
24 APR 30 PM 2:10:26
STATE

1. Entity ID Number <u>000095642</u>		2. Exact name of the Corporation <u>INDIA INTERNATIONAL INC.</u>			
3. Principal Office Address <u>585 ELM GROVE AVE</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>561110</u>		6. Brief description of the character of business conducted in Rhode Island <u>MARKETING, BUY, SELL, LICENSING.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>AMAR D. SINGH</u>			Vice-President Name <u>- SAME -</u>		
Street Address <u>585 ELM GROVE AVE</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>SAME</u>			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 <u>(600)</u>		10. Shares Issued Check the box to indicate an attachment ☐			
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>		<u>CNP</u>	<u>0</u>
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 <u>AMAR D SINGH</u>				Date <u>4/30/24</u>	
Signature of Authorized Representative 				FILED	