



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 RIDOS BSD  
24 APR 30 PM 2:10:3  
STAMP  
FOR  
OFFICE OF STATE  
USE ONLY

1. Entity ID Number 000064182		2. Exact name of the Corporation CURRY IN A HURRY INC.			
3. Principal Office Address 1060 HOPE ST			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RETAIL / RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name AMAR D. SINGH			Vice-President Name SAME		
Street Address 585 BLMGROVE AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	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 SAME AS ABOVE			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 100		10. Shares Issued 100		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	
		100		CNP	
				PAR VALUE	
				0	
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 AMAR D SINGH				Date 04/30/24	
Signature of Authorized Representative 					

FILED

APR 30 2024  
BY ML VH4QY