



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 RHODES BSD
24 MAY 24 PM 2:05:12

1. Entity ID Number 001026026		2. Exact name of the Corporation SymbioSys Solutions, Inc.			
3. Principal Office Address 46 South Main Street, Unit 4			City Concord	State NH	Zip 03301
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Information Technology Consulting/Custom Computer Programming Services			
5. State of Incorporation New Hampshire					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JYOTHI SHANKER			Vice-President Name DARRELL GATES		
Street Address 1 HADLEY DRIVE			Street Address 1 HADLEY DRIVE		
City NASHUA	State NH	Zip 03062	City NASHUA	State NH	Zip 03062
Secretary Name ARVIND R RANADE			Treasurer Name ARVIND R RANADE		
Street Address 1 HADLEY DRIVE			Street Address 1 HADLEY DRIVE		
City NASHUA	State NH	Zip 03062	City NASHUA	State NH	Zip 03062
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARVIND R RANADE			Director Name NONE		
Street Address 1 HADLEY DRIVE			Street Address		
City NASHUA	State NH	Zip 03062	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500,000	CWP	\$0.0040	
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 ARVIND R RANADE				Date 05/17/2024	
Signature of Authorized Representative <i>Arvind Ranade</i>				FILED	

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

MAY 24 2024
BY *ASTAR*
AH. 2:07pm
FORM 630- Revised 12/2023