State of Rhode Island Department of State - Business Services Division								
Annual Report for the year:	2024				-4:5 23:8			
Corporation						ı		
→ Filing period: February 1 - May 1					- 12 m			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				89.0 259.0				
1. Entity ID Number	2. Exact name of the Corporation							
001751376	Syra Health Corp.							
3. Principal Office Address	4		City		State		Zip	
1119 Keystone Way Ste 201			Carmel				46032	
4. NAICS Code	6. Brief description	on of the character	of busines	s conducted in Rhode Is	land			
541611	The transaction of any lawful business under the corporation laws of the							
5. State of Incorporation	of Delaware and permitted under the corporation laws of Rhode Island.							
Delaware								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Sandeep Allam			Vice-President Name None					
Street Address 1119 Keystone Way Ste 201			Street Address					
^{City} Carmel	State IN	^{Z_{ip}} 46032			State		Zip	
Secretary Name Priya Prasad			Treasurer Name Priya Prasad					
Street Address 1119 Keystone Way Ste 201			Street Address 1119 Keystone Way Ste 201					
^{City} Carmel	State IN	^{Zip} 46032	City Carr	mel	State	N	^{Zip} 46032	
8. List ALL directors (names and addresses) Check the box to indicate an attach					achment 🗹			
Director Name Ketan Paranjape			Director Name Vijayapal Reddy					
Street Address 1119 Keystone Way Ste 201			Street Address 1119 Keystone Way Ste 201					
^{City} Carmel	State IN	^{Zip} 46032	City Carmel State		State	N	Zip 46032	
Director Name Avutu Reddy			Director Name Sherron Rogers					
Street Address 1119 Keystone Way Ste 201			Street Address 1119 Keystone Way Ste 201					
^{City} Carmel	State IN	^{Zip} 46032	^{City} Carr		Terata	N	Zip 46032	
9. Shares Authorized		10. Shares Issue	d	Check the be	ox to indi	cate an att		
This information is currently of recor Department of State.	d in the	NUMBER OF SH	ARES	CLASS/SERIES			PAR VALUE	
·		6,, .	\overline{U}	Α		\$0.001		
Changes require an additional filing.			6	В		\$0.001		
11. This report must be executed or ceiver or trustee, this report must be					ation is i	n the hand	s of a re-	
Under penalty of perjury, I declar	e and affirm that	I have examined	this repor		panying	schedule	s and	
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative Date								
Deepika Vuppalanchi					5/24	/2024		
Signature of Authorized Representative MAY 28 2024 WW 75 4								
MAIL TO: Division of Business Services	<u> </u>		5 1	1]			

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

ENTITY ID NUMBER 001751376

8. List ALL directors (names and addresses), Cont.

Director Name:

Andrew Dahlem

Address:

1119 Keystone Way, Ste 201

Carmel, IN 46032

Director Name:

Sandeep Allam

Address:

1119 Keystone Way, Ste 201

Carmel, IN 46032

Director Name:

Priya Prasad

Address:

1119 Keystone Way, Ste 201

Carmel, IN 46032

Director Name:

Deepika Vuppalanchi

Address:

1119 Keystone Way, Ste 201

Carmel, IN 46032

10. Shares Issued, Cont.

Number of Shares	Class/Series	Par Value
0	Preferred	\$0.001