RI SOS Filing Number: 202570775450 Date: 4/15/2025 4:00:00 PM

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<b>(50)</b>					2,70	_	
State of Rhode Island				APR			
Department of State - Business Services Di				ISION IS AMI 1:40:			
Annual Report for the year:	2025				<b>₹</b> 0		
Corporation ————————————————————————————————————							
Filing Fee: \$50.00			40 40				
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation  Table 1 Corporation  Table 2 Corporation  Table 3 Corporation  Table 3 Corporation  Table 4 Corporation						
DODO 95642 INDIA INTERNATIONAL INC							
3. Principal Office Address	Acr		City	PROVIDENT	State	Zip	
585 ELMGROVE			<u> </u>			02906	
4. NAICS Code  6. Brief description of the character of business conducted in Rhode Island							
561110 Marks							
5. State of Incorporation MARKETING BUY, SELL, LICENSING							
RI	J						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment  Vice-President Name			
President Name AMAR D SINGH			- SAME -				
Street Address 585 ELMG-ROVE AVE			Street Address				
City PROVDENCE	State RI	Zip D2906	City		State	Zip	
Secretary Name		1//	Treasurer Name _ 5AME _				
Street Address			Street Address				
Street Address			Journal				
City	State	Zip	City	-	State	Zip	
8. List ALL directors (names and a	ddresses)		<u></u>	Check the box	to indicate an att	achment 🔲	
Director Name — SAME — Dire				eme			
Street Address Street Address							
Sileet Address							
City	State	Zip	City		State	Zip	
Director Name			Director N	ame	·		
Street Address				Street Address			
City State		Zip	City State Z		Žip		
City	Siale	Z ip	Jony				
	20	10. Shares Issue		Check the box CLASS/SERIES	to indicate an att	PAR VALUE	
This information is currently of record in the Department of State.  Changes require an additional filing.						0	
		/00		CNT	_		
				recontation Who correct	tion is in the base	is of a re-	
11. This report must be executed of ceiver or trustee, this report must to	on behalf of the cor he executed on bel	poration by an aut half of the corporat	norizea rep ion by the	receiver or trustee.	uon is in the hand	15 Of a 16-	
Under penalty of perjury, I decla	re and affirm that	I have examined	this repor	rt, including any accompa	anying schedule	s and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
AMAR D. SING				4 0215005 04/15/25			
Signature of Authorized Representative				APR 1 5 2025		1	
A7V5X							
1411 70					7 4		
MAIL TO: Division of Business Services							
148 W. River Street, Providence, Rhode Island 02904-2615							

Phone: (401) 222-3040 Website: www.sos.ri.gov