

REC'D RIDOS BSD
25 APR 15 AM 11:40:12State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000064182</u>		2. Exact name of the Corporation <u>CURRY IN A HURRY INC.</u>	
3. Principal Office Address <u>1060 HOPE ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02906</u>			
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>RETAIL / RESTAURANT</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 ELMGROVE AVE</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	
Secretary Name <u>- SAME -</u>		Treasurer Name <u>- SAME -</u>	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <u>100</u>		10. Shares Issued <u>100</u> Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.		PAR VALUE <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>		FILED	Date <u>04/15/25</u>
Signature of Authorized Representative <u>[Signature]</u>		APR 15 2025 <u>1745X</u>	

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