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State of Rhode Island
Department of State - Business Services Division

FILED
MAY 27 2025
BY 4125

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Annual 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	2. Exact name of the Corporation
000056157	Taste of India, Inc

3. Principal Office Address	City	State	Zip
230 Wickenden Street	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Preparation and sale of food along with general maintenance of restaurant
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Basanta Gurung	
Street Address: 227 Federal Street # 1	Street Address:
City: Providence, State: RI, Zip: 02909	City: , State: , Zip:
Secretary Name: Sumita Gurung	Treasurer Name: Basanta Gurung
Street Address: 227 Federal Street # 1	Street Address: 227 Federal Street # 1
City: Providence, State: RI, Zip: 02909	City: Providence, State: RI, Zip: 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	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 — **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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CNP	0.00

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	Date
BASANTA GURUNG	05/19/2025

Signature of Authorized Representative

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

FORM 630- Revised 12/2023