State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
'25 JUN 10 AM10:52:56

STAMP
FOR SECRETARY OF STATE USE ONLY

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		
001770184	ASSUMETECH INC.		
3. Principal Office Address	City	State	Zip
67 CALAMAN ROAD	CRANSTON	RI	02910
4. NAICS Code: 445120	6. Brief description of the character of business conducted in Rhode Island: WE SELL ART ONLINE. IT CAN BE ANY TYPE OF ART, 2D, 3D, ANYTHING ANYONE ASKS FOR.		
5. State of Incorporation: RI			

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

President Name: HAMMAD KHALID			Vice-President Name:		
Street Address: 67 CALAMAN ROAD			Street Address:		
City: CRANSTON	State: RI	Zip: 02910	City:	State:	Zip:
Secretary Name: HAMMAD KHALID			Treasurer Name: HAMMAD KHALID		
Street Address: 67 CALAMAN ROAD			Street Address: 67 CALAMAN ROAD		
City: CRANSTON	State: RI	Zip: 02910	City: CRANSTON	State: RI	Zip: 02910

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	10000	STK	1

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
DEBORAH K TRIVEDI	05/01/25

Signature of Authorized Representative: Deborah K Trivedi

FILED
JUN 10 2025
BY:

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