



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

REC'D RIDOS BSD
25 AUG 15 PM 12:14:17

1. Entity ID Number 001730917		2. Exact name of the Corporation Teleworld Solutions, Inc.			
3. Principal Office Address 14850 Conference Center Drive, Suite 250			City Chantilly	State VA	Zip 20152
4. NAICS Code 517919		6. Brief description of the character of business conducted in Rhode Island Telecommunications, professional services firm, General Contracting			
5. State of Incorporation Virginia					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Srini Sundararajan			Vice-President Name		
Street Address 14850 Conference Center Dr., Suite 250			Street Address		
City Chantilly	State VA	Zip 20151	City	State	Zip
Secretary Name Srini Sundararajan			Treasurer Name Srini Sundararajan		
Street Address 14850 Conference Center Dr., Suite 250			Street Address 14850 Conference Center Dr., Suite 2		
City Chantilly	State VA	Zip 20151	City Chantilly	State VA	Zip 20151
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Srini Sundararajan			Director Name		
Street Address 14850 Conference Center Dr., Suite 250			Street Address		
City Chantilly	State VA	Zip 20151	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 4000	CLASS/SERIES COMMON, CLASS A	PAR VALUE 1.0000
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 Sung Ik Hur				Date 5/7/2025	
Signature of Authorized Representative <i>Sung Ik Hur</i>			FILED 12:16 P		

MAIL TO:

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

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FORM 630- Revised: 04/2023