Annua
Corpo

State of Rhode Island

Department of State - Business Services Division

14850 Conference Center Dr., Suite 250

14850 Conference Center Dr., Suite 250

Street Address 14850 Conference Center Dr., Suite 250

10. Shares Issued NUMBER OF SHARES

4000

COMMON, CLASS A

Annual	Report	for	the	year:	2023
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ration

→ Filing period: February 1 - May 1

7. List ALL officers (names and addresses) President Name Srini Sundararajan

8. List ALL directors (names and addresses) Director Name Srini Sundararajan

This information is currently of record in the

→ Filing Fee: \$50.00

3. Principal Office Address

5. State of Incorporation

Chantilly

Chantilly

City Chantilly

Director Name

Street Address

9. Shares Authorized

Department of State.

Secretary Name

1. Entity ID Number

001730917

4. NAICS Code

517919

Virginia

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

14850 Conference Center Drive, Suite 250

Srini Sundararajan

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Nay 1				RIDOS BSD 15 PM12:14:			
	ot filed by May 31.						
	e of the Corporation Id Solutions, I	nc.		7			
Drive, Suite 250		City Chantilly	State VA	Zip 20152			
6. Brief descr	iption of the characte	er of business conducted in R	thode Island				
Telecomn	nunications, pro	ofessional services firm		·			
esses)			k the box to indicate a	n attachment 🔲			
ijan		Vice-President Name					
ce Center Dr., Suite 250		Street Address	Street Address				
State VA	^{Zip} 20151	City	State	Zıp			
ijan		Treasurer Name Srini Sundararajan					
ce Center Dr., Suite 250		Street Address 14850 Conference Center Dr., Suite 2					
State VA	^{Zip} 20151	City Chantilly	State VA	^{Z_{IP}} 20151			
dresses)			k the box to indicate a	n attachment 🔲			
an		Director Name					
	Dr., Suite 250	Street Address					
State VA	^{Zip} 20151	City	State	Zıp			
		Director Name					
		Street Address					
State	Zip	City	State	Zip			
4 1 - Al	10. Shares Issu		ck the box to indicate a	in attachment			

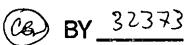
Changes require an additional filing.			
11. This report must be executed on behalf of the			
ceiver or trustee, this report must be executed			
Under penalty of perjury, I declare and affirm statements, and that all statements contains		•	ny accompanying schedules and
Name of Authorized Representative			Date
Sung Ik Hur			5/7/2025
Signature of Authorized Representative	Sung Ik Hur Sung Ik Hur May 7, 2025 08 56 0	ייי FILED איניי	6 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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