

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214550227				
1.) CORPORATION NAME: <b>LITHE SOLUTIONS INC.</b>		DUE DATE: <b>9/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PADMA GOURINENI 42039 BUSHCLOVER TERRACE STONE RIDGE, VA</b>		SCC ID NO: <b>07692254</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 42039 BUSHCLOVER TERRACE CITY/ST/ZIP: STONE RIDGE, VA 20105-5633						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: PADMA GOURINENI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 42039 BUSHCLOVER TERRACE						
CITY/ST/ZIP/CO: STONE RIDGE, VA 20105-5633						
NAME: RAVINDRANATH GOURINENI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 42039 BUSHCLOVER TERRACE						
CITY/ST/ZIP/CO: STONE RIDGE, VA 20105-5633						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ PADMA GOURINENI	PADMA GOURINENI, DIRECTOR	11/17/2014				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						