

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215548231				
1.) CORPORATION NAME: OPTIMUM SOLUTIONS INC.		DUE DATE: 11/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RAKESH CHATURVIDI 4337 MT CARRIAGE LN FAIRFAX, VA		SCC ID NO: 07711484				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX CITY (FILED IN FAIRFAX COUNTY)		5.) STOCK INFORMATION <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>2</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2
CLASS	AUTHORIZED					
COMMON	2					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4337 MOUNT CARRIAGE LANE CITY/ST/ZIP: FAIRFAX, VA 22033						
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: RAKESH CHATURVIDI TITLE: DIRECTOR ADDRESS: 4337 MOUNT CARRIAGE LANE CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: TARANG RAWAT TITLE: DIRECTOR ADDRESS: 4337 MOUNT CARRIAGE LANE CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
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/ RAKESH CHATURVIDI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RAKESH CHATURVIDI, DIRECTOR PRINTED NAME AND CORPORATE TITLE	2/18/2016 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.						