From:

Reinstatement_Packets

Sent:

Tuesday, January 8, 2019 9:01 AM

To:

Reinstatement_Packets; 4-Corp_via_Email

Subject:

Real Solution Analytics Corp.

Importance:

High

Entity Name:

REAL SOLUTION ANALYTICS CORP.

Entity ID:

07940547

Requestor:

Kalkidan Lebeta

Requesting Firm:

Address 1: Address 2:

City, State, Zip:

Phone No:

3017937881

Email:

KALKIDAN11@GMAIL.COM

Delivery Method: Email

19-100, 100td

OORATION COMMISSION

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

January 8, 2019

KALKIDAN LEBETA
EMAIL
ALEXANDRIA, VA 22312

Last Day for Reinstatement November 30, 2023

07

RE:

Real Solution Analytics Corp.

SCC ID NO.:

0794054 - 7

Application for Reinstatement

De	ear Customer:
To	reinstate the corporation's existence, you must complete and return the following:
Π	Include a check or money order in the amount of \$200.00
	Complete enclosed Annual Report o Must be signed by a person who is listed on the report as either an officer or a director
	Sign below to request reinstatement of the corporation's existence:
	(signature of officer or director) (printed name) (title) (date)

REINSTAT CIS0505 Page 1

	Provide a name and mailing address for reinstatement correspondence:				
	(name)			(tel	ephone number)
	(mailing address)		(city/town)	(state)	(zip code)
п	Return all documents (include Office, Attn: Reinstatement, envelope	•	•	-	
Ite	mization of amount listed on	page 1:			
	Assessment Year	Assessment	Penalty		
	2019	\$ 100.00			
	Reinstatement Fee:	\$ 100.00			

ADDITIONAL REQUIREMENTS FOR REINSTATEMENT (IF ANY)

Real Solution Analytics Corp. 0794054 - 7

REINSTAT

Application Instructions

A corporation can only be reinstated within 5 years of the date of its termination/revocation/withdrawal. See the *Last Day for Reinstatement* box on page 1.

The items listed on the previous pages are the only requirements for reinstatement.

Payment

Make the check/money order payable to the State Corporation Commission (or SCC). Write the corporation's SCC ID Number (listed on page 1) and "Reinstate" on the memo line.

The amount due includes a filing fee, all unpaid annual registration fees/penalties and any returned check fees (breakdown provided). Payment of the next year's annual registration fee may be included as it may become due by the time the application is received.

The reinstatement total takes into account the last payment of \$100.00 made on 05/30/2018 for the 2018 assessment/penalty.

Registered Agent Change (if required)

A new registered agent must be appointed if the registered agent has resigned or is a business entity that is not active. You must use enclosed Statement of Change form to change the registered agent. You can also use the Statement of Change form to change the registered office address, which is where all future notices and assessments will be sent.

Annual Report (if required)

The corporation must list a <u>complete</u> address for the principal office and at least one officer and one director. A person can serve as both an officer and a director of a corporation.

If the corporation does not have officers because an organizational meeting has not been held, write 'No Officers'. If the corporation does not have directors because (i) initial directors are not named in the articles of incorporation and an organizational meeting of the corporation has not been held or (ii) the board of directors has been eliminated by a valid shareholder agreement, write 'No Directors'.

The annual report must be signed by a person who is listed on the report as an officer or a director.

Real Solution Analytics Corp. 0794054 - 7

Articles of Amendment (if required)

If the corporation's name is not distinguishable on the Commission's records at the time of reinstatement, the corporation must submit articles of amendment to change its name in order to be reinstated.

A proposed name must be distinguishable on the Commission's records. Proposed names can be checked online by visiting the SCC website at https://sccefile.scc.virginia.gov/NameAvailability. For more information regarding business entity names, visit our Frequently Asked Questions at www.scc.virginia.gov/clk/faq.aspx.

You must provide an additional \$25.00 to pay the filing fee for the articles of amendment. This amount is not included in the amount quoted on page 1.

Signature

The application for reinstatement must be signed by an officer or director who is listed on the annual report. The titles of 'Owner' and 'Registered Agent' are not acceptable for signing this application.



2019 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

REINSTATE



07

 CORPORATION NAME Real Solution Analytics Corp. DUE DATE:

CORPORATE ID.: 0794054-7

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIRECTOR.

KALKIDAN HUNDE LEBETA 5571 VINCENT GATE TERRACE APT 1139 ALEXANDRIA VA 22312

5. TOTAL NUMBER OF AUTHORIZED SHARES:

1

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129 FAIRFAX COUNTY
- 4. STATE OR COUNTRY OF INCORPORATION: VA VIRGINIA

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at scc.virginia.gov/clk/formfee.aspx or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

☐ Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.		
ADDRESS: 5571 VINCENT GATE TERRACE APT. 1139	ADDRESS:		
CITY/ST/ZIP: ALEXANDRIA VA 22312	CITY/ST/ZIP:		

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.

Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER X DIRECTOR X NAME: KALKIDAN HUNDE LEBETA	OFFICER DIRECTOR NAME:
TITLE: OFFICER	TITLE:
ADDRESS: 5571 VINCENT GATE	ADDRESS:
TERRACE APT 1139 CITY/ST/ZIP: ALEXANDRIA VA 22312	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filling.

CIS0505

2019 ANNUAL REPORT CONTINUED

CORPORATE NAME:

Real Solution Analytics Corp.

DUE DATE:

SCC ID NO.: 0794054-7

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.

An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
OFFICER [] DIRECTOR [] NAME:	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
	·
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
OFFICER DIRECTOR NAME:	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete Information ☐ OFFICER ☐ DIRECTOR ☐	and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☐
□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME:	and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE:	and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:
□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS:	and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS:
□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS:	and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS:
□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If information at lower left is incorrect or blank, please mark appropriate box and enter information below: OFFICER DIRECTOR OFFICER DIRECTOR OFFICER DIRECTOR OFFICER DIRECTOR
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□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information □ Delete Information OFFICER □ DIRECTOR □ NAME:	and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If information at lower left is incorrect or blank, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: NAME:
□ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information is incorrect □ Delete Information OFFICER □ DIRECTOR □ NAME: TITLE:	and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If information at lower left is incorrect or blank, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE:

ANNUAL REPORT INSTRUCTIONS

The following instructions relate to the preparation of an annual report that is to be submitted on paper for filing.

The annual report must be completed in black print or type, and be legible and reproducible.

THE PRE-PRINTED INFORMATION SET FORTH IN SECTIONS 1 THROUGH 5 **CANNOT** BE CHANGED ON THE COMMISSION'S RECORDS BY FILING AN ANNUAL REPORT. Changes to information in these sections require a separate filing.

To change information listed in sections 2 and 3, the corporation will need to file a Statement of Change, which can be accomplished online at sccefile.scc.virginia.gov. To obtain a paper version of the Statement of Change on pre-printed form SCC635/834, visit our website at scc.virginia.gov/clk/ElectronicFormRequest.aspx or contact the Clerk's Office.

To obtain appropriate forms and instructions to change information listed in sections 1, 4 or 5, visit our website at scc.virginia.gov/clk/formfee.aspx or contact the Clerk's Office.

The principal office address of the corporation as of the date the report is signed <u>must</u> be set forth in section 6. The information set forth in the left-hand box reflects the address currently on file with the Commission. If this box is blank or contains incorrect information, set forth the current principal office address in the right-hand box.

All directors and principal officers (e.g., president, vice president, treasurer, secretary, etc.) of the corporation as of the date the report is signed must be listed in section 7. The information set forth in the left-hand box reflects the information currently on file with the Commission. The right-hand boxes are to be used to update the displayed information and to add information for new directors and officers.

Almost all corporations are required to have at least one director and one officer. An individual who is serving as an officer and director should have both the officer and director boxes marked next to his or her name. If the corporation is not required to have any directors or officers as a matter of law, and none have been elected or appointed, write "No Directors," "No Officers" or "No Directors or Officers" in a right-hand box.

If needed, the annual report may include additional pages to accommodate the listing of all directors and principal officers. Do <u>not</u> staple the pages of the annual report together.

Note: All directors and officers listed on the annual report will be "of record" when the annual report is filed, but our computer database will only reflect information for the first five individuals who are listed *unless the annual report is filed online*.

The annual report <u>must</u> be signed by an officer or a director who is listed in the report or, if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary, and the printed name and title of the person signing must be set forth next to the signature, as well as the date on which the report is signed.

Virginia law requires the Commission to return for correction or explanation an annual report that is incomplete or inaccurate. If the corporation has not filed an acceptable annual report by the due date, it will not be in good standing in Virginia. If the corporation fails to file an acceptable annual report **on or before** the last day of the fourth month following the due date, the corporation's existence or certificate of authority to transact business in Virginia, as the case may be, will be automatically terminated or revoked as of said date.

Clerk's Office Telephone Numbers: (804) 371-9733 or toll-free in Virginia at 1-866-722-2551.

Mailing Address: State Corporation Commission Clerk's Office PO Box 1197 Richmond, VA 23218-1197 Courier Delivery Address: State Corporation Commission Clerk's Office, First Floor 1300 E. Main St. Richmond, VA 23219

Personal Information, such as a social security number, should NOT be included in a business entity document submitted to the Office of the Clerk for filing with the Commission. For more information, see Notice Regarding Personal Identifiable Information at www.scc.virginia.gov/clk.