## 21817546

## 2018 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

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1. CORPORATION NAME:	DUF DATE: 12/31/18	
RIZENS INC.	DUE DATE: 12/31/18	
<ol><li>VA REGISTERED AGENT NAME AND OFFICE ADDRES BABU ANGINA</li></ol>	SS: DIR. SCC ID NO.: <b>0826344-4</b>	
4144 FAIRFAX CENTER CREEK DR FAIRFAX, VA 22030	5. TOTAL NUMBER OF AUTHORIZED SHARES: 100	
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY		
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA		
DO NOT ATTEMPT TO ALTER THE INFORMATION ABO print in black only.	OVE. Carefully read the enclosed instructions. Type or	
6. PRINCIPAL OFFICE ADDRESS:		
Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.	
ADDRESS: 4144 FAIRFAX CENTER CREEK DR	ADDRESS: 41211 DALES PONY LA	
CITY/ST/ZIP FAIRFAX, VA 22030	CITY/ST/ZIP ALDIE, VA - 20105	
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:	If the block to the left is blank or contains incorrect data, please mark appropriate	
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement	
OFFICER 🗷 DIRECTOR 🛚	OFFICER   DIRECTOR	
NAME: BABU ANGINA	NAME:	
TITLE: DIRECTOR	TITLE:	
ADDRESS: 4144 FAIRFAX CENTER CREEK DR	ADDRESS:	
CITY/ST/ZIP: FAIRFAX, VA 22030	CITY/ST/ZIP:	
I affirm that the information contained in this report is accurate	te and complete as of the date below.	
Bue_w	12/18/2018	

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 filing.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

0002521



DATE