

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000123782	2. Name of Corporation Shanti Hospitality, Inc.				
3. Street Address Principal Business Office 101 New London Avenue			City Cranston	State R1	<sup>Zip</sup> 02920
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character Hotel Management	of Business Conducted in R	bode Island		,	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name Suresh M Patel			Vice President Name NONE		
Street Address 29 Horizon Drive			Street Address		
City Cranston	State RI	<sup>Zip</sup> 02921	City	State	Zip
Secretary Name Rekha Patel			Treasurer Name Suresh M. Patel		
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive		
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston	State RI	<sup>Zip</sup> 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS					
Suresh M. Patel			Director Name Rekha Patel		
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive		
City	State	Zip	City	State	Zip
Cranston  Director Name	JRI	02921	Cranston	RI	02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			50.00	Commom	0.00
					,
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the	corporation is in the hand	s of a receiver or trustee,
this report must be executed	on behalf of the corpo	ration by the receiver	or trustee.		
			Linder penalty of	f perjury. I declare and affirm t	that I have examined this report
FIL.	ED		including any ac	companying schedules and sta	atements, and that all statement
File Date MAR 0	<b>3</b> 2010	25:8 HA 5-7	contained-herein	age true and correct.	3/2/10
D. T		A-3 BH B. 7-	H [] [Signature		Day
Check No. Suresh M. Patel					
By:  FOR SECRETARY OF STATE USE ONLY			100 Print or Type Name		
			President & Treasurer		
			Title		Form 630 Rev. 08/08