



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2011

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. 10538 | | 2. Name of Corporation SHANIX, INC. | | | |
| 3. Street Address Principal Business Office 40 Worthington Road | | | City Cranston | State RI | Zip 02920 |
| 4. Business Phone No. 941-4222 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island closed circuit TV and card access systems | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kekin A. Shah | | | Vice President Name Nikhil A. Shah | | |
| Street Address 1 Boxwood Court | | | Street Address 500 Stonebridge Drive | | |
| City Barrington | State RI | Zip 02806 | City East Greenwich | State RI | Zip 02818 |
| Secretary Name Kekin A. Shah | | | Treasurer Name Kekin A. Shah | | |
| Street Address 1 Boxwood Court | | | Street Address 1 Boxwood Court | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Don T. Volino | | | Director Name | | |
| Street Address 106 Olney Arnold Road | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | | | |
| | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | Number of Shares | Class/Series | Par Value | |
| | | 100 | Common | No Par | |
| | | | | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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|---------------------------------|
| FILED |
| File Date _____ |
| Check No. <u>FEB 07 2011</u> |
| By: <u>52627</u> |
| FOR SECRETARY OF STATE USE ONLY |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Kekin A. Shah
Signature
Date 1/10/11
Kekin A. Shah
Print or Type Name
President
Title