RI SOS Filing Number: 201291487730 Date: 03/28/2012 4:00 PM

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 2012

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.	2. Name of Corporation		
710710	AMBE CORP.		
3. Street Address Principal Business Office	City	State	Zip
780 Hartford Avenue	Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation		
	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Convenience Store

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
KAMLESHKUMAR M. PATEL			NONE		
Street Address			Street Address		
1843 Atwood Avenue					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name			Treasurer Name		
KAMLESHKUMAR M. PATEL			KAMLESHKUMAR M. PATEL		
Street Address			Street Address		
1843 Atwood Avenue			1843 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
KAMLESHKUMAR M. PATEL					
Street Address			Street Address		
1843 Atwood Avenue					
City	State	Zip	City	State	
Johnston	RI	02919			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	

RECEIVED
2012 MAR 28 AM 11:25
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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.

FILED

File Date MAR 28 2012

Check No. By: MNC

By: 4863

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.

K.M. Patel — 3/22/12
Signature — *Date*

KAMLESHKUMAR M. PATEL
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08

74925-10-738765