



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

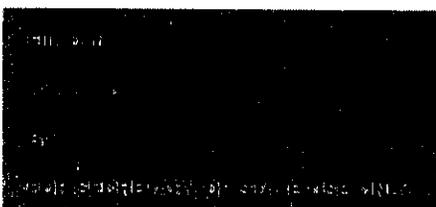
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

✓ Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000508727		2. Exact name of the Corporation RAJ INTERNATIONAL EXPORT CORP.			
3. Principal office address 145 PASCOAG MAIN STREET			City BURRILLVILLE	State RI	Zip 02865-02859
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE MAKING RETAIL SALES TO THE GENERAL PUBLIC					
President Name PARESH PATEL			Vice-President Name MITAL PATEL		
Street Address 30 POLAND ST - UNIT B-9			Street Address 30 POLAND ST - UNIT B-9		
City WEBSTER	State MA	Zip 01570	City WEBSTER	State MA	Zip 01570
Secretary Name MITAL PATEL			Treasurer Name PARESH PATEL		
Street Address 30 POLAND ST - UNIT B-9			Street Address 30 POLAND ST - UNIT B-9		
City WEBSTER	State MA	Zip 01570	City WEBSTER	State MA	Zip 01570
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	COMMON	\$10.00

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

JUL 05 2012

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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.

X PARESH PATEL

Signature of Authorized Representative

X 6/30/12

Date

PARESH PATEL

Print or Type Name of Authorized Representative