| RALPH MOIL  | e of Rhode Island and Pr<br>Office of the Secret                                      |   | S Fee: \$50.              |
|---|---|---|---------------------------|
| Secretary of State  | Division Of Busines<br>148 W. River S<br>Providence RI 029<br>(401) 222-30            | Street<br>904-2615                              |                           |
|   | (11)  |   |                           |
| Business Corporation  |   |   |                           |
| Filing Period: January 1 - March                              | 1   |   |                           |
|   | 2-1501(e), each corporation fail<br>ays after the time prescribed by<br>e of \$25.00. |   |                           |
| ANNUAL REPORT YEAR: 20  | <u>13</u>   |   |                           |
| 1. Corporate ID No. 000                                       | <u>655237</u>   |   |                           |
| 2. Name of Corporation $ON$                                   | <u> 1 SAI, INC.</u>   |   |                           |
| 3. Street Address Principal B                                 | usiness Office:   |   |                           |
| No. and Street: <u>1557 WE</u><br>City or Town: <u>PORTSM</u> | EST MAIN ROAD<br>10UTH St   | tate: <u>RI</u> Zip: <u>02871</u>               | Country: <u>USA</u>       |
| 4. Business Phone No.   |   |   |                           |
| 4016830108  |   |   |                           |
|   |   |   |                           |
| 5. State of Incorporation                                     |   |   |                           |
| State: <u>RI</u>  |   |   |                           |
| 6. Brief Description of the Ch                                | aracter of Business Conduct   | ted in Rhode Island                             |                           |
| <u>SELL LIQUORS, MALT AN</u><br>PACKAGED SNACKS AN            | ND SOFT BEVERAGES, CIO<br>D CANDIES.  | <u>GARETTES, LOTTERY</u>                        | <u>TICKETS,</u>           |
| 7. Names and Addresses of t                                   | he Officers and Directors:  |   |                           |
| All officers and directors<br>Incorporator is no longer       | must be listed. If officers and applicable; please delete.                            | l/or directors have been                        | elected, the title        |
| Title   | Individual Name   | Addre   | SS                        |
|   | First, Middle, Last, Suffix   | Address, City or Town, State, Zip Code, Country |                           |
| PRESIDENT   | IIESH R PATEL   | 30 SOUTHW<br>JAMESTOWN, R                       | EST AVENUE<br>1 02835 USA |
|   |   |   |                           |
| 8. Shares Authorized and Iss                                  | sued  |   |                           |
|   |   |   | Total Issue               |

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | and<br>Outstanding<br><i>Num of</i><br><i>Shares</i> |
|----------------|-----------------|---------------------|--|--|
| STK            |                 | \$0.0100            | 1,000.00                                       | 1000   |

9. 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.

**Signed this 12 Day of January, 2013 at 12:52:38 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By ILESH R PATEL

Signature of Authorized Representative of the Corporation

PRESIEDENT

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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