



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 **2013**

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. 000560172		2. Exact name of the Corporation SHIVACARD OF NORTH PROVIDENCE, INC.		
3. Principal office address 9 SMITHFIELD ROAD		City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-343-6321		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island GREETING CARDS & GIFT SALES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name BHASKAR VYAS		Vice-President Name ARUNA VYAS		
Street Address 14 GALE COURT		Street Address 14 GALE COURT		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI
Secretary Name BHASKAR VYAS		Treasurer Name ARUNA VYAS		
Street Address 14 GALE COURT		Street Address 14 GALE COURT		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name BHASKAR VYAS		Director Name ARUNA VYAS		
Street Address 14 GALE COURT		Street Address 14 GALE COURT		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	COMMON	NO PAR

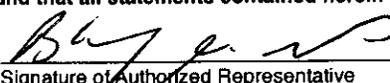
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

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.

File Date _____
 Check No _____
 By: _____

MAR 27 2013

BY 5721 
 Signature of Authorized Representative

02/21/2013

Date

FOR SECRETARY OF STATE USE ONLY

BHASKAR VYAS

Print or Type Name of Authorized Representative