



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 2014

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. 582516		2. Exact name of the Corporation SHUBHLAKSHMI CORP	
3. Principal office address 125 Mendon Road Unit 423		City Cumberland	State RI
4. Business Phone No. 401-722-4241		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island BEER/WINE / SPORTS			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name NAYAN D PATEL		Vice-President Name Nirmala N Patel	
Street Address 500 Mendon Road Unit 423		Street Address 500 Mendon Road Unit 423	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name NAYAN D PATEL		Treasurer Name Nirmala N Patel	
Street Address 500 Mendon Road Unit 423		Street Address 500 Mendon Road Unit 423	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
Director Name NAYAN D PATEL		Director Name Nirmala N Patel	
Street Address 500 Mendon Road Unit 423		Street Address 500 Mendon Road Unit 423	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
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 100	CLASS/SERIES A
			PAR VALUE 0.01

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Authorized Representative: Nayan D Patel
Date: 11/29/14
Print or Type Name of Authorized Representative: NAYAN D PATEL