



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. 799870		2. Exact name of the Corporation Patel-Singh, Inc.			
3. Principal office address 650 Branch Avenue		City Providence	State RI	Zip 02904	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Liquor Store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ranjan Patel			Vice-President Name Vikesh Patel		
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Tejvee Singh			Treasurer Name Vikesh Patel		
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ranjan Patel			Director Name Vikesh Patel		
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Rajinder Kaur			Director Name Tejvee Singh		
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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
			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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JUN 12 2014

BY 13480

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

Vikesh Patel, Vice President

Print or Type Name of Authorized Representative

Date 6/4/14