



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 **2016**

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. 126563		2. Exact name of the Corporation SHANRI HOLDINGS CORP.			
3. Principal office address 1977 FAIRFIELD ROAD		City VICTORIA, B. C.	State CANADA	Zip V8S 1H5	
4. Business Phone No. (250) 477-5757*		5. State of Incorporation. DELAWARE			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD BERLIN			Vice-President Name ALTON BROWN		
Street Address 1977 FAIRFIELD ROAD			Street Address 917 WESTERN AMERICA CIRCLE, SUITE 503		
City VICTORIA, B. C.	State CANADA	Zip V8S 1H5	City MOBILE	State ALABAMA	Zip 36609
Secretary Name RICHARD BERLIN			Treasurer Name S. AMY BERLIN		
Street Address 1977 FAIRFIELD ROAD			Street Address 1977 FAIRFIELD ROAD		
City VICTORIA, B. C.	State CANADA	Zip V8S 1H5	City VICTORIA, B. C.	State CANADA	Zip V8S 1H5
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RICHARD BERLIN			Director Name S. AMY BERLIN		
Street Address 1977 FAIRFIELD ROAD			Street Address 1977 FAIRFIELD ROAD		
City VICTORIA	State CANADA	Zip V8S 1H5	City VICTORIA, B. C.	State CANADA	Zip V8S 1H5
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			1,000	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2016

BY

000697

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

RICHARD BERLIN PRESIDENT

Print or Type Name of Authorized Representative

Date

1/18/2016