



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. 154341		2. Exact name of the Corporation AMBICA REALTY, INC.			
3. Principal office address 1531 Newport Avenue			City Pawtucket	State RI	Zip 02861
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, MANAGE, RENT, INVEST IN, REHABILITATE, IMPROVE, DEVELOP REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MAHENDRA A. PATEL			Vice-President Name PATHIK PATEL, TRUSTEE		
Street Address 1531 Newport Avenue			Street Address 1531 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name MAHENDRA A. PATEL			Treasurer Name PATHIK PATEL, TRUSTEE		
Street Address 1531 Newport Avenue			Street Address 1531 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MAHENDRA A. PATEL			Director Name PATHIK PATEL, TRUSTEE		
Street Address 1531 Newport Avenue			Street Address 1531 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Instructions sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

FILED

MAR 01 2016

File Date _____
 Check No. BY *[Signature]* 2016
 By: _____

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.

M A Patel 2-18-16
 Signature of Authorized Representative Date

MAHENDRA A. PATEL, PRESIDENT

Print or Type Name of Authorized Representative

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