



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. 80298		2. Exact name of the Corporation BIMAL, INC			
3. Principal office address 2880 HARTFORD AVE		City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 401-934-1188		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island MOTEL OPERATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PRAFUL PATEL		Vice-President Name PRAFUL PATEL			
Street Address 2880 HARTFORD AVE		Street Address 2880 HARTFORD AVE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name PRAFUL PATEL		Treasurer Name PRAFUL PATEL			
Street Address 2880 HARTFORD AVE		Street Address 2880 HARTFORD AVE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name PRAFUL PATEL		Director Name NONE			
Street Address 2880 HARTFORD AVE		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name NONE		Director Name NONE			
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
			100	STK	100

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

MAR 21 2016

BY

16L 18740

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.

John A. Scungio
Signature of Authorized Representative

3/15/16
Date

John A. Scungio, Esq.
Print or Type Name of Authorized Representative

3/15/16