



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUL 18 PM 2:31

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | |
|--|--------------------|---|--|-----------------------|
| 1. Entity ID Number <u>8825</u> | | 2. Exact name of the Corporation <u>Villeugin Recreation Partners, Inc</u> | | |
| 3. Principal Office Address <u>1 Beach St</u> | | City <u>Narragansett</u> | State <u>RI</u> | Zip <u>02882</u> |
| 4. Business Phone Number <u>401 483 6767</u> | | 5. State of Incorporation <u>RI</u> | | |
| 6. Brief description of the character of business conducted in Rhode Island <u>Hotel</u> | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| President Name <u>Piyush Patel</u> | | Vice-President Name <u>Hitesh Patel</u> | | |
| Street Address <u>11 Pier Market Place</u> | | Street Address <u>11 Pier Market Place</u> | | |
| City <u>Narragansett</u> | State <u>RI</u> | Zip <u>02882</u> | City <u>Narragansett</u> | State <u>RI</u> |
| Secretary Name | | Treasurer Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. Shares Authorized | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check box to indicate an attachment <input type="checkbox"/> | | |
| | | NUMBER OF SHARES <u>100</u> | CLASS/SERIES | PAR VALUE <u>0</u> |
| 11. 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. <i>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.</i> | | | | |
| Name of Authorized Representative <u>Sachin Patel</u> | | | Date <u>7/17/16</u> | |
| Signature of Authorized Representative <u>[Signature]</u> | | | SIGN DOCUMENT HERE <u>[Signature]</u> | |

JUL 18 2016
 By 279826
A.A.