



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

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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>
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>	City <u>Narragansett</u>	State <u>RI</u>
Zip <u>02882</u>		Zip <u>02882</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>100</u>	
		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. 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.			
Name of Authorized Representative <u>Sachin Patel</u>		Date <u>7/17/16</u>	
Signature of Authorized Representative		SIGN DOCUMENT HERE <u>[Signature]</u>	

FILED
JUL 18 2016
By 279826
A.A.

STAMP
[Signature]