



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

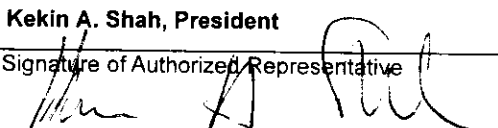
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 10538		2. Exact name of the Corporation SHANIX, INC.			
3. Principal Office Address 40 Worthington Road		City Cranston		State RI	Zip 02920
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island closed circuit tv and card access systems				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kekin A. Shah			Vice-President Name Nikhil A. Shah		
Street Address 8 Reise Road			Street Address 500 Stonebridge Drive		
City Jamestown	State RI	Zip 02835	City East Greenwich	State RI	Zip 02818
Secretary Name Kekin A. Shah			Treasurer Name Kekin A. Shah		
Street Address 8 Reise Road			Street Address 8 Reise Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Don T. Volino			Director Name		
Street Address 8 Deer Run Road			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par	
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 Kekin A. Shah, President					Date 1/10/17
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 17 2017

FORM 630 - Revised: 10/2016

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