



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 80298		2. Exact name of the Corporation BIMAL, INC			
3. Principal Office Address 2880 HARTFORD AVE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island MOTEL OPERATION				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 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		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	STK	100
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 JOHN A. SCUNGIO					Date 02/07/2017
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

FEB 10 2017

BY

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FORM 630 - Revised: 02/2017