



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 2017

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. 137628		2. Exact name of the Corporation 360 SHREEJI, INC.		
3. Principal office address 360 Main Street		City East Greenwich	State RI	Zip 02818
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, MANAGE, RENT, INVEST IN, REHABILITATE, OWN, IMPROVE AND DEVELOP REAL ESTATE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
President Name RASIKBHAI PATEL		Vice-President Name NONE		
Street Address 360 Main Street		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Secretary Name RASIKBHAI PATEL		Treasurer Name RASIKBHAI PATEL		
Street Address 360 Main Street		Street Address 360 Main Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
Director Name RASIKBHAI PATEL		Director Name		
Street Address 360 Main Street		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
		NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE

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

FILED
FEB 15 2017

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.

R. S. Patel 2/12/2017
 Signature of Authorized Representative Date
RASIKBHAI PATEL, PRESIDENT
 Print or Type Name of Authorized Representative

BY USA
RF