



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. 560172		2. Exact name of the Corporation SHIVACARD NORTH PROVIDENCE, INC.			
3. Principal office address 39 SMITHFIELD ROAD			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-343-6321		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL GIFT AND GREETING CARD SHOP					
President Name BHASKAR VYAS			Vice-President Name ARUNA VYAS		
Street Address 14 GALE COURT			Street Address 14 GALE COURT		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name BHASKAR VYAS			Treasurer Name ARUNA VYAS		
Street Address 14 GALE COURT			Street Address 14 GALE COURT		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name BHASKAR VYAS			Director Name		
Street Address 14 GALE COURT			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	STK	.01

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.

Bhaskar Vyas
 Signature of Authorized Representative 2-23-17
 Date

BHASKAR VYAS
 Print or Type Name of Authorized Representative

FILED
 FEB 27 2017
 BY *67no*