



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 <b>US88108</b>		2. Exact name of the Corporation <b>SHIVSHAKTI INC.</b>	
3. Principal Office Address <b>110, POST RD WESTERLY</b>		City <b>WESTERLY</b>	State <b>RI</b>
		Zip <b>02891</b>	
4. NAICS Code <b>53 or 72</b>	6. Brief description of the character of business conducted in Rhode Island <b>motel with and Gas station with convenience store</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>VIJAY KUMAR G PATEL</b>		Vice-President Name <b>HASMITABEN PATEL</b>	
Street Address <b>112, POST RD</b>		Street Address <b>112, POST RD</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>VIJAY KUMAR G PATEL</b>		Director Name <b>HASMITABEN M PATEL</b>	
Street Address <b>112, POST RD</b>		Street Address <b>112, POST RD</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100%</b>	CLASS/SERIES
			PAR VALUE
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. <b>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.</b>			
Name of Authorized Representative <b>Vijay kumar G. PATEL</b>		Date <b>03/09/17</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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**  
 MAR 13 2017  
 BY **238**