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	2. Exact name of the Corporation
000486677	SHREE MAA OF R.I., INC.

3. Principal Office Address	City	State	Zip
2 PINECREST DRIVE	PAWTUCKET	RI	02861

4. Business Phone Number	5. State of Incorporation
401-359-5026	RI

6. Brief description of the character of business conducted in Rhode Island
GAS STATION & CONVENIENC

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name	Street Address	City	State	Zip
SHEETAL PATEL	2 PINECREST DR	PAWTUCKET	RI	02861

Vice-President Name	Street Address	City	State	Zip
RONAK PATEL	2 PINECREST DR	PAWTUCKET	RI	02861

Secretary Name	Street Address	City	State	Zip
SHEETAL PATEL	2 PINECREST DR	PAWTUCKET	RI	02861

Treasurer Name	Street Address	City	State	Zip
RONAK PATEL	2 PINECREST DR	PAWTUCKET	RI	02861

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name	Street Address	City	State	Zip
SHEETAL PATEL	2 PINECREST DR	PAWTUCKET	RI	02861

Director Name	Street Address	City	State	Zip
RONAK PATEL	2 PINECREST DR	PAWTUCKET	RI	02861

9. Shares Authorized

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	

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: Sheetal R Patel
Date: 03/14/17

Signature of Authorized Representative
SHEETAL R PATEL

FILED
MAR 20 2017
BY 434 DS

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