



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 870746		2. Exact name of the Corporation GAURANGSHETH INC												
3. Principal Office Address 250 NEWPORT AVENUE			City RUMFORD	State RI	Zip 02916									
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island GAS STATION WITH CONVENIENCE STORE												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name GAURANG SHETH			Vice-President Name GAURANG SHETH											
Street Address 9 LINCOLN ROAD			Street Address 9 LINCOLN ROAD											
City MANSFIELD	State MA	Zip 02048	City MANSFIELD	State MA	Zip 02048									
Secretary Name GAURNAG SHETH			Treasurer Name GAURANG SHETH											
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name GAURANG SHETH			Director Name											
Street Address SAME AS ABOVE			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON STOCKS</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON STOCKS	0			
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100	COMMON STOCKS	0												
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 GAURANG SHETH				Date 12/18/2017										
Signature of Authorized Representative <i>G. Sheth</i>														

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

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BY

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FORM 630 - Revised: 10/2017