



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB -8 AM 8:45

1. Entity ID Number 000123782		2. Exact name of the Corporation Shanti Hospitality, Inc.												
3. Principal Office Address 101 New London Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 721110		5. Brief description of the character of business conducted in Rhode Island Hotel Management												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Suresh M. Patel			Vice-President Name Rehka Patel											
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
Secretary Name Rehka Patel			Treasurer Name Suresh M. Patel											
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Suresh M. Patel			Director Name Rehka Patel											
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
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>50</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
50	Common	No Par												
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 Suresh M. Patel					Date 2/7/2018									
Signature of Authorized Representative 														

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY 323715 Klu

FORM 630 - Revised: 10/2017