

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.

1 Entity ID Number 000485677		2 Exact name of the Corporation SHREE MAA OF R.I., INC.			
3 Principal Office Address 2 PINECREST DRIVE			City PAWTUCKET	State RI	Zip 02861
4 NAICS Code 447100		6 Brief description of the character of business conducted in Rhode Island GAS STATION & CONVENIENC			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name SHEETAL PATEL			Vice President Name RONAK PATEL		
Street Address 2 PINECREST DR			Street Address 2 PINECREST DR		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name SHEETAL PATEL			Treasurer Name RONAK PATEL		
Street Address 2 PINECREST DR			Street Address 2 PINECREST DR		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name SHEETAL PATEL			Director Name RONAK PATEL		
Street Address 2 PINECREST DR			Street Address 2 PINECREST DR		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10 Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		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.					
<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 <i>Sheetal R Patel</i>					Date 03/15/18
Signature of Authorized Representative SHEETAL R PATEL					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

**MAR 23 2018**  
 BY Ray OS