

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 FEB - 1 AM 9: 10

-> 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	2. Exact name of the Corporation Shanti Hospitality, Inc.					
000123782	Shanti H						
3. Principal Office Address			City		State	Zip	
101 New London Avenue			Cranston		RI	02920	
4. NAICS Code	6. Brief descr	iption of the charac	ter of business o	onducted in R	hode Island		
721110	Hotel Mana	Hotel Management					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	d addresses)				Check the box to in	ndicate an attachment 🔲	
President Name Suresh M. Patel			Vice-President Name Rehka Patel				
Street Address 29 Horizon Dri	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 a	ind addresses)				Check the box to i	ndicate an attachment	
Director Name Suresh M. Pate	Director Name Rehka Patel						
Street Address 29 Horizon Dri	Street Address 29 Horizon Drive						
City Cranston	State RI	Zip 02921	City Cranston		State RI	^{Zip} 02921	
Director Name			Director Nam	e			
Street Address	Street Address						
City	State	Zip	City	- <u>-</u>	State	Zip	
		10. Shares Is					
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER (OF SHARES			PAR VALUE	
		50		Common		No Par	
11. This report must be execu	uted on behalf of the	corporation by an	authorized repre	sentative. If the	ne corporation is in	the hands of a receiver or	
tructon, this report must be a	vecuted on behalf o	if the comoration by	the receiver or	trustee			
Under penalty of perjury, I statements, and that all sta	declare and affirm	that I have examil I herein are true a	nea this report, nd correct.	including an	y accompanying s		
Name of Authorized Represe	ntative				Date	1.1.	
Suresh M. Patel				P11	/	[26/19	
Signature of Authonzed Repr	esentative	×1, 6 °	1 1 1				
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 1 6400

FORM 630 - Revised: 10/2017