



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 FEB -1 AM 9:10

1. Entity ID Number 000153756	2. Exact name of the Corporation VARSHA, INC.
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3. Principal Office Address 30 Southwest Avenue, Apt #A	City Jamestown	State RI	Zip 02835
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4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Retail sale of liquors, malt and soft beverages, cigarettes, lottery tickets, packaged snack foods, candy, etc.
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 Varsha I. Patel			Vice-President Name Varsha I. Patel		
Street Address 30 Southwest Avenue, Apt #A			Street Address 30 Southwest Avenue, Apt #A		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Varsha I. Patel			Treasurer Name Varsha I. Patel		
Street Address 30 Southwest Avenue, Apt #A			Street Address 30 Southwest Avenue, Apt #A		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	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 Varsha I. Patel	Date 01/24/2019
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Signature of Authorized Representative <i>Varsha I. Patel</i>	FILED
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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

FEB 01 2019
BY [Signature] 1582