



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

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

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

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB -1 AM 9:10

1. Entity ID Number 000153756		2. Exact name of the Corporation VARSHA, INC.	
3. Principal Office Address 30 Southwest Avenue, Apt #A		City Jamestown	State RI
		Zip 02835	
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	City Jamestown	State RI
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	City Jamestown	State RI
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		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	
Signature of Authorized Representative <i>Varsha I. Patel</i>		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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FORM 630 - Revised: 10/2017