



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.

1. Entity ID Number <b>000485108</b>		2. Exact name of the Corporation <b>Shivshakti Inc.</b>			
3. Principal Office Address <b>110, POST RD</b>			City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>72110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Motel &amp; Hotel Accommodation on daily &amp; weekly Rentals.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vijaykumar G. Patel</b>			Vice-President Name <b>Hasmitaben V. Patel</b>		
Street Address <b>110, POST RD</b>			Street Address <b>112, POST RD</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Hasmitaben V. Patel</b>			Treasurer Name <b>Hasmitaben V. Patel</b>		
Street Address <b>112, POST RD</b>			Street Address <b>112, POST RD</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Vijaykumar G. Patel</b>			Director Name <b>Hasmitaben V. Patel</b>		
Street Address <b>110, POST RD</b>			Street Address <b>112, POST RD</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>/</b>			Director Name <b>/</b>		
Street Address <b>/</b>			Street Address <b>/</b>		
City <b>/</b>	State <b>/</b>	Zip <b>/</b>	City <b>/</b>	State <b>/</b>	Zip <b>/</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100%</b>	CLASS/SERIES	PAR VALUE
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 <b>Vijaykumar G. Patel</b>				Date <b>2/4/19</b>	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2675  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 FEB 06 2019

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