



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.

SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 000110795		2. Exact name of the Corporation BHAV Liquors, Inc.	
3. Principal Office Address 1715 Lisa Court		City Hatfield	State PA
		Zip 19440	
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Retail Sale of Alcoholic Beverages		
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 Sushila Patel		Vice-President Name Hemansu Patel	
Street Address 1715 Lisa Court		Street Address 1715 Lisa Court	
City Hatfield	State PA	City Hatfield	State PA
Secretary Name Sushila Patel		Treasurer Name Ankur Patel	
Street Address 1715 Lisa Court		Street Address 1715 Lisa Court	
City Hatfield	State PA	City Hatfield	State PA
Zip 19440		Zip 19440	
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
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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	
		NUMBER OF SHARES 1000	CLASS/SERIES Common
		PAR VALUE 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 Hemansu Patel <i>Hemansu Patel/AAV</i>			Date 3-18-19
Signature of Authorized Representative <i>Hemansu Patel/AAV</i>			

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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