



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.

STATE OF RHODE ISLAND
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 20 AM 11:34

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	Zip 19440	City Hatfield	State PA	Zip 19440
Secretary Name Sushila Patel			Treasurer Name Ankur Patel		
Street Address 1715 Lisa Court			Street Address 1715 Lisa Court		
City Hatfield	State PA	Zip 19440	City Hatfield	State PA	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	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 Hemansu Patel <i>Hemansu Patel/AAV</i>					Date 3-18-19
Signature of Authorized Representative <i>Hemansu Patel/AAV</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

MAR 20 2019
 BY *[Signature]* **9D W O D**
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