



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 26 PM 12:32

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 707523		2. Exact name of the Corporation KVRH FOODS INC			
3. Principal Office Address 51 SILVER SPRINGS STREET		City PROVIDENCE	State RI	Zip 02904	
4. NAICS Code 445299	6. Brief description of the character of business conducted in Rhode Island FAST FOODS				
5. State of Incorporation RHODE ISLAND		Check the box to indicate an attachment <input type="checkbox"/>			
7. List ALL officers (names and addresses)					
President Name KUSH PATEL			Vice-President Name KUSH PATEL		
Street Address 6922 266TH STREET			Street Address 6922 266TH STREET		
City FLORAL PARK	State NY	Zip 11004	City FLORAL PARK	State NY	Zip 11004
Secretary Name KUSH PATEL			Treasurer Name		
Street Address 6922 266TH STREET			Street Address		
City FLORAL PARK	State NY	Zip 11004	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name KUSH PATEL			Director Name		
Street Address 6922 266TH STREET			Street Address		
City FLORAL PARK	State NY	Zip 11004	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	COMMON	.01
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 KUSH PATEL					Date 02/27/19
Signature of Authorized Representative <i>Kush Patel</i>					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2015
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 26 2019
 BY **9XWCE**
A.A. 12:35 pm.
 FORM 630 Revised 10/2017