



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 001677346		2. Name of Corporation AMARNATH, INC			
3. Street Address Principal Business Office 12 CANAL STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. (551)580-9717		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BHIROOL PATEL			Vice President Name CHIRAG PATEL		
Street Address 35 CRONIN AVENUE			Street Address 283 WILLETTTS AVE APT B12		
City PAWCATUCK	State CT	Zip 06379	City NEW LONDON	State CT	Zip 06320
Secretary Name BHIROOL PATEL			Treasurer Name BHAVIK PATEL		
Street Address 35 CRONIN AVENUE			Street Address 10 SOUNDVIEW DRIVE		
City PAWCATUCK	State CT	Zip 06379	City PAWCATUCK	State CT	Zip 06379
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BHIROOL PATEL			Director Name CHIRAG PATEL		
Street Address 35 CRONIN AVENUE			Street Address 283 WILLETTTS AVE APT B12		
City PAWCATUCK	State CT	Zip 06379	City NEW LONDON	State CT	Zip 06320
Director Name BHAVIK PATEL			Director Name		
Street Address 10 SOUNDVIEW DRIVE			Street Address		
City PAWCATUCK	State	Zip 06379	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 2000	Class/Series COMMON	Par Value NO PAR VALUE
			THIS SECTION MUST BE COMPLETED		

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.

FILED

APR 03 2019

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

[Signature]

Signature

BHIROOL PATEL

Print or Type Name

PRESIDENT

Title

03/30/19

Date