



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.

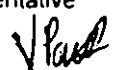
FILED

STAMP

APR 22 2019

BY

5725

1. Entity ID Number 799870		2. Exact name of the Corporation Patel-Singh, Inc.			
3. Principal Office Address 650 Branch Avenue			City Providence		State RI
			Zip 02904		
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor Store			
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 Vikesh Patel			Vice-President Name Tejsvee Singh		
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Vikesh Patel			Treasurer Name Vikesh Patel		
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vikesh Patel			Director Name		
Street Address 650 Branch Avenue			Street Address		
City Providence	State RI	Zip 02904	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
			100	Common	No 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. 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 Vikesh Patel, President				Date 4-9-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	