



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

Annual Report for the year: 2020  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 JAN -9 PM 12:52

1. Entity ID Number <b>1662682</b>		2. Exact name of the Corporation <b>GUYU HOSPITALITY CORP.</b>	
3. Principal Office Address <b>105 Washington St</b>		City <b>Foxboro</b>	State <b>Ma</b>
		Zip <b>02035</b>	
4. NAICS Code <b>721110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Motel</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Uvek Patel</b>		Vice-President Name <b>Jonak Patel</b>	
Street Address <b>105 Washington St</b>		Street Address <b>same</b>	
City <b>Foxboro</b>	State <b>ma</b>	City <b>Foxboro</b>	State <b>ma</b>
Zip <b>02035</b>		Zip <b>02035</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>0</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Uvek Patel</b>		Date <b>9/10/19</b>	
Signature of Authorized Representative <i>[Handwritten Signature]</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

JAN 09 2020 12:55  
 KL YADHU