



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

1. Entity ID Number <u>1662688</u>		2. Exact name of the Corporation <u>GUYU HOSPITALITY CORP.</u>	
3. Principal Office Address <u>105 Washington</u>		City <u>Foxboro</u>	State <u>Ma</u>
		Zip <u>02035</u>	
4. NAICS Code <u>721110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Motel</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Vivek Patel</u>		Vice-President Name <u>Jonak Patel</u>	
Street Address <u>105 Washington st</u>		Street Address <u>Gamp</u>	
City <u>Foxboro</u>	State <u>Ma</u>	City <u></u>	State <u></u>
Zip <u>02035</u>		Zip <u></u>	
Secretary Name <u></u>		Treasurer Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u></u>
			PAR VALUE <u></u>
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 <u>Vivek Patel</u>		Date <u>9/6/19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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