



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

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2020 JAN -9 PM 12:51

Annual Report for the year: 2017  
 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. Entry ID Number <u>1662682</u>		2. Exact name of the Corporation <u>GUYU Hospitality Corp.</u>			
3. Principal Office Address <u>105 Washington Street</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>same</u>		
City <u>Foxboro</u>	State <u>Ma</u>	Zip <u>02035</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	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 <u>Vivek Patel</u>				Date <u>9/20/19</u>	
Signature of Authorized Representative <u>[Signature]</u>					

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