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State of Rhoce Island and Providence Plantations

Department of State - Business Services Division

2020 JAN 22 PM 2: 02

Annual Report for the year:

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. Entity ID Number	2. Exact name of the Corporation							
000118684	SATYAM, INC							
3. Principal Office Address			City		State	Zip		
6530 Post RJ			North K	motern	PI	05825		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
721110	To bun Mange Motels and Hotels							
5. State of Incorporation	- 1							
Phode Isha	İ							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name				Vice-President Name				
Atul 5 Parel Street Address	 			Street Address				
6481 Post Rd								
City Northe tingsburn	State 72 T	05-8 28 Z8	City		State	Zip		
Secretary Name	• -	0 22 3 38	Treasurer Name	<u> </u>	L			
Street Address	PSS			Street Address				
City	State	Zip	City		State	Zip		
	<u> </u>				<u> </u>			
List ALL directors (names and ad Director Name	ldresses)		Director Name	Check th	ne box to indi	cate an attachment		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name		<u> </u>			
Street Address	Charted							
		Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue		Chook t	ho hou to ind	icata an attachment		
		NUMBER OF S						
Department of State. Changes require an additional filling.		1000	1	•		${\mathcal O}$		
		1						
44 Yh'			<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 Date								
Ship Pate 1 Signature of Authorized Representative								
FILED 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 22 2020

FORM 630 - Revised: 02/2017