

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.

FILED
MAR 18 2020

1461

1. Entity ID Number 000486677		2. Exact name of the Corporation SHREE MAA OF R.I., INC.			
3. Principal Office Address 2 PINECREST DRIVE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 447100		6. Brief description of the character of business conducted in Rhode Island GAS STATION & CONVENIENC			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name SHEETAL PATEL			Vice-President Name RONAK PATEL		
Street Address 2 PINECREST DR			Street Address 2 PINECREST DR		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name SHEETAL PATEL			Treasurer Name RONAK PATEL		
Street Address 2 PINECREST DR			Street Address 2 PINECREST DR		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name SHEETAL PATEL			Director Name RONAK PATEL		
Street Address 2 PINECREST DR			Street Address 2 PINECREST DR		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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		
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	
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 <i>Sheetal R Patel</i>				Date 03/12/2020	
Signature of Authorized Representative SHEETAL PATEL					

MAIL TO:
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