STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Divis
100 North Main St
Providence, RI 02903-1
401 222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation		
141489	Chandni, Inc		
3. Street Address Principal Business Office: 65 MAIN ROAD	City: TIVERTON	State: RI	Zip: 02878
4. Business Phone No: 401-625-5091	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 3251

7. Brief Description of the Character of Business Conducted in Rhode Island: TO OPERATE A LIQUOR STORE AND RETAIL FACILITY

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS!**

President Name	Vice President Name
SHAILESH D. PATEL	—
Street Address: 100 ROCKY KNOLL DRIVE	Street Address: —
City: STOUGHTON State: MA Zip: 02072	City: State: Zip:
Secretary Name: —	Treasurer Name: RITESH V PATEL
Street Address: —	Street Address: 10 ROLLING GREEN DR. APT#E
City: State: Zip:	City: FALL RIVER State: MA Zip: 02720

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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:

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0	0	0

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Signature of Officer [signature] *Date* 01/22/05

Print or Type Name of Officer RITESH V PATEL

Title of Officer TREASURER

[redacted]

File Date 1/25/05

Check No 1250

By DA

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03