



Department of State - Business Services Division

Annual Report for the year: **2021**  
 Corporation

FILED STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

Federal Id -

46-4357452 DEC 28 2020 FOR STATE

BY 0883

1. Entity ID Number <b>870746</b>		2. Exact name of the Corporation <b>GAURANGSHETH INC</b>			
3. Principal Office Address <b>250 NEWPORT AVENUE</b>		City <b>RUMFORD</b>		State <b>RI</b>	Zip <b>02916</b>
4. NAICS Code <b>447110</b>	6. Brief description of the character of business conducted in Rhode Island <b>GAS STATION WITH CONVENIENCE STORE</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GAURANG SHETH</b>			Vice-President Name <b>GAURANG SHETH</b>		
Street Address <b>9 LINCOLN ROAD</b>			Street Address <b>9 LINCOLN ROAD</b>		
City <b>MANSFIELD</b>	State <b>MA</b>	Zip <b>02048</b>	City <b>MANSFIELD</b>	State <b>MA</b>	Zip <b>02048</b>
Secretary Name <b>GAURANG SHETH</b>			Treasurer Name <b>GAURANG SHETH</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
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 <b>GAURANG SHETH</b>			Director Name		
Street Address <b>SAME AS ABOVE</b>			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
			100	COMMON STOCK	D
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. <i>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.</i>					
Name of Authorized Representative <b>GAURANG SHETH</b>				Date <b>12/12/2020</b>	
Signature of Authorized Representative <i>G. Sheth</i>			SIGN DOCUMENT HERE		