



State of Rhode Island and Providence Plantations
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 THE STATE OF RHODE ISLAND

BY 0883

1. Entity ID Number 870746		2. Exact name of the Corporation GAURANGSHETH INC			
3. Principal Office Address 250 NEWPORT AVENUE		City RUMFORD		State RI	Zip 02916
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island GAS STATION WITH CONVENIENCE STORE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GAURANG SHETH			Vice-President Name GAURANG SHETH		
Street Address 9 LINCOLN ROAD			Street Address 9 LINCOLN ROAD		
City MANSFIELD	State MA	Zip 02048	City MANSFIELD	State MA	Zip 02048
Secretary Name GAURANG SHETH			Treasurer Name GAURANG SHETH		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GAURANG SHETH			Director Name		
Street Address SAME AS ABOVE			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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			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 GAURANG SHETH				Date 12/12/2020	
Signature of Authorized Representative <i>G. Sheth</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov