



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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

Filing
JAN 25 2021
 BY 17112 DS
STAMP
 FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 1704557		2. Exact name of the Corporation SHIVANAND, INC.			
3. Principal Office Address 5 Shadowbrook Xing			City East Greenwich	State RI	Zip 02818
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Beer, Wine and Liquor Stores.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vishal P. Modi			Vice-President Name Nayan Patel		
Street Address 5 Shadowbrook Xing			Street Address 500 Mendon Road, Unit 423		
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864
Secretary Name Mayur Patel			Treasurer Name Vishal P. Modi		
Street Address 44 Joaquin Ct			Street Address 5 Shadowbrook Xing		
City West Warwick	State RI	Zip 02893	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
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		
			CLASS/SERIES		
			PAR VALUE		
			1000		
			Common		
			0.01		
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 Vishal Modi, President					Date ✓ 1/18/21
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov