RI SOS Filing Number: 202195873140 Date: 4/21/2021 12:58:00 PM

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE RECEIVED BUS SVCS DIV 2021 APR -5 PM 12:21

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.

1. Entity ID Number	2. Exact name of the Corporation
001687449	Ruthvi Inc

3. Principal Office Address	City	State	Zip
995 Pontiac Ave	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	Liquor Strore
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Mayur Amin	Tina Hemeesha Sheth
Street Address: 3 Commonwealth Ave Apt D10	Street Address: 9 Lincoln road
City: Attleboro, State: MA, Zip: 02703	City: Mansfield, State: MA, Zip: 02048
Secretary Name: Shree Vidya Gannamaneni	Treasurer Name:
Street Address: 22 Lincoln Road	Street Address:
City: Mansfiedl, State: MA, Zip: 02048	City: , State: , Zip:

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8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Mayur Amin	Tina Hemeesha Sheth
Street Address: 3 Commonwealth Ave Apt D10	Street Address: 9 Lincoln road
City: Attleboro, State: MA, Zip: 02703	City: Mansfield, State: MA, Zip: 02048
Director Name: Shree Vidya Gannamaneni	Director Name:
Street Address: 22 Lincoln Road	Street Address:
City: Mansfiedl, State: MA, Zip: 02048	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
1000	Common	0

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	Date
Mayur Amin	04/01/2021

Signature of Authorized Representative: Mayur V Amin

FILED

APR 21 2021 12:58

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020