



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV
2021 APR -5 PM 12:21

Annual Report for the year: 2020
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 001687449		2. Exact name of the Corporation Ruthvi Inc			
3. Principal Office Address 995 Pontiac Ave			City Cranston	State RI	Zip 02920
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor 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 Mayur Amin			Vice-President Name 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 Mansfield	State MA	Zip 02048	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mayur Amin			Director Name 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 Mansfield	State MA	Zip 02048	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	
		1000		Common	
				PAR VALUE	
				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 Mayur Amin				Date 04/01/2021	
Signature of Authorized Representative <i>Mayur V Amin</i>					

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FILED

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