



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2018**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|   |             |   |             |
|---|-------------|---|-------------|
| 1. Entity ID Number<br><b>001676551</b>   |             | 2. Exact name of the Limited Liability Company<br><b>SHIV 75 LLC</b>                              |             |
| 3. NAICS Code<br>531110   |             | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate rental |             |
| 5. State of Formation<br>RI   |             |   |             |
| 6. Principal Office Address<br>1000 Bald Hill Road, Box 2   |             | City<br>Warwick   | State<br>RI |
|   |             | Zip<br>02886  |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |             |   |             |
| Contact Name<br>Jayesh D. Patel   |             | Contact Title<br>Manager  |             |
| Street Address<br>1000 Bald Hill Road, Box 2  |             | City<br>Warwick   | State<br>RI |
|   |             | Zip<br>02886  |             |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |             |   |             |
| Manager Name<br>Jayesh D. Patel   |             | Manager Name  |             |
| Street Address<br>1000 Bald Hill Road, Box 2  |             | Street Address  |             |
| City<br>Warwick   | State<br>RI | Zip<br>02886  |             |
| City  |             | State   | Zip         |
| Manager Name  |             | Manager Name  |             |
| Street Address  |             | Street Address  |             |
| City  | State       | Zip   |             |
| City  |             | State   | Zip         |
| Check the box to indicate an attachment <input type="checkbox"/>  |             |   |             |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |             |   |             |
| <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 Person<br>Jayesh D. Patel  |             | Date<br>7/6/2021  |             |
| Signature of Authorized Person<br>  |             |   |             |

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

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