



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

MAR 09 2022

BY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 137888		2. Exact name of the Corporation SHREE BAHUCHAR, Inc.	
3. Principal office address 24 Winnapaug Road		City Westerly	State RI Zip 02891
4. Business Phone No. 401-348-0320		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island to own, operate, manage, lease, sell and otherwise deal with hotels, motels			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Mahendra Patel		Vice-President Name Dipika Patel	
Street Address 37, Marks Ct.		Street Address 37 Marks Ct.	
City Branford	State CT	City Branford	State CT Zip 06405
Secretary Name Mahendra Patel		Treasurer Name Dipika Patel	
Street Address 37, Marks Ct.		Street Address 37, Marks Ct.	
City Branford	State CT	City Branford	State CT Zip 06405
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Mahendra Patel		Director Name Dipika Patel	
Street Address 37 Marks Ct.		Street Address 37, Marks Ct.	
City Branford	State CT	City Branford	State CT Zip 06405
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		200	Common no par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Mahendra Patel 3/5/22
Signature of Authorized Representative Date

MAHENDRA PATEL
Print or Type Name of Authorized Representative