



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 SJP

**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. <b>137888</b>		2. Exact name of the Corporation <b>SHREE BAHUCHAR, Inc.</b>			
3. Principal office address <b>24 Winnapaug Road</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
4. Business Phone No. <b>401-348-0320</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>to own, operate, manage, lease, sell and otherwise deal with hotels, motels</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Mahendra Patel</b>		Vice-President Name <b>Dipika Patel</b>			
Street Address <b>37, Marks Ct.</b>		Street Address <b>37 Marks Ct.</b>			
City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>	City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>
Secretary Name <b>Mahendra Patel</b>		Treasurer Name <b>Dipika Patel</b>			
Street Address <b>37, Marks Ct</b>		Street Address <b>37, Marks Ct.</b>			
City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>	City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Mahendra Patel</b>		Director Name <b>Dipika Patel</b>			
Street Address <b>37 Marks Ct.</b>		Street Address <b>37, Marks Ct.</b>			
City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>	City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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 <b>200</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>no par value</b>

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