



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 FEB 15 PM 1:33

1. Entity ID Number 061662683		2. Exact name of the Corporation Dinkar Hospitality Corp												
3. Principal Office Address 105 Washington St			City Foxboro	State Ma	Zip 02035									
4. NAICS Code 721110		6. Brief description of the character of business conducted in Rhode Island motel												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Janak Patel			Vice-President Name Vivek Patel											
Street Address 900 Washington St			Street Address 105 Washington St											
City Wrentham	State Ma	Zip 02093	City Foxboro	State Ma	Zip 02035									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">NUMBER OF SHARES</th> <th style="width:40%;">CLASS/SERIES</th> <th style="width:20%;">PAR VALUE</th> </tr> <tr> <td>200,000</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200,000		0			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200,000		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 Vivek Patel				Date 2/13/23										
Signature of Authorized Representative <i>[Signature]</i>														

FILED

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

FEB 15 2023
BY **23ME3 A.A.**
1:34 pm

FORM 630 - Revised: 11/2021