



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 21 2023
 6061 *OR*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 000145458		2. Exact name of the Corporation Amba, Inc.			
3. Principal Office Address 129 Main Street			City Westerly	State RI	Zip 02891
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island To operate a convenience 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 Sonia B Patel			Vice-President Name Sonia B Patel		
Street Address 129 Main Street			Street Address 129 Main Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Sonia B Patel			Treasurer Name Sonia B Patel		
Street Address 129 Main Street			Street Address 129 Main Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sonia B Patel			Director Name		
Street Address 129 Main Street			Street Address		
City Westerly	State RI	Zip 02891	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.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par
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 Sonia B Patel					Date 2/8/23
Signature of Authorized Representative <i>Sonia Patel</i>					

MAIL TO:
 Division of Business Services
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