



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

**Annual Report for the year: 2024**

**Corporation**

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

**STAMP**  
**RECEIVED**  
**R.I. DEPT. OF STATE**  
**BUS SVCS DIV**

2023 NOV -3 A 11:46

1. Entity ID Number <b>001687449</b>		2. Exact name of the Corporation <b>RUTHVI INC.</b>			
3. Principal Office Address <b>995 PONTIAC AVENUE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>LIQUOR STORE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MAYUR AMIN</b>			Vice-President Name <b>MAYUR AMIN</b>		
Street Address <b>70 MORGAN WAY</b>			Street Address <b>70 MORGAN WAY</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>
Secretary Name <b>MAYUR AMIN</b>			Treasurer Name <b>MAYUR AMIN</b>		
Street Address <b>70 MORGAN WAY</b>			Street Address <b>70 MORGAN WAY</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MAYUR AMIN</b>			Director Name		
Street Address <b>70 MORGAN WAY</b>			Street Address		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0.00
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.					
<b>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.</b>					
Name of Authorized Representative <b>MAYUR AMIN</b>				Date <b>09/28/2023</b>	
Signature of Authorized Representative <i>Mayur V Amin</i>				<b>NOV 03 2023</b>	

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

**BY J 344X**