



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV -3 A 11:46

1. Entity ID Number 001687449		2. Exact name of the Corporation RUTHVI INC.			
3. Principal Office Address 995 PONTIAC AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island LIQUOR 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 MAYUR AMIN			Vice-President Name MAYUR AMIN		
Street Address 70 MORGAN WAY			Street Address 70 MORGAN WAY		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Secretary Name MAYUR AMIN			Treasurer Name MAYUR AMIN		
Street Address 70 MORGAN WAY			Street Address 70 MORGAN WAY		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MAYUR AMIN			Director Name		
Street Address 70 MORGAN WAY			Street Address		
City NORTH ATTLEBORO	State MA	Zip 02760	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
			1000		CNP
			PAR VALUE		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. 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 MAYUR AMIN				Date 09/28/2023	
Signature of Authorized Representative <i>Mayer V Amin</i>				NOV 03 2023	

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