



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  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 MAYUR AMIN					
Signature of Authorized Representative <i>Mayur Amin</i>					
Date 09/28/2023					
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 J3H4X