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BY STATE

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.

1. Entity ID Number	2. Exact name of the Corporation		
10538	SHANIX, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
40 Worthington Road	Cranston	RI	02920
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
812990	closed circuit tv and access systems		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Kekin A. Shah			Vice-President Name: Nikhil A. Shah		
Street Address: 8 Reise Road			Street Address: 500 Stonebridge Drive		
City: Jamestown	State: RI	Zip: 02835	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Kekin A. Shah			Treasurer Name: Kekin A. Shah		
Street Address: 8 Reise Road			Street Address: 8 Reise Road		
City: Jamestown	State: RI	Zip: 02835	City: Jamestown	State: RI	Zip: 02835

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name: Kekin A. Shah			Director Name: Paula M. Montanaro		
Street Address: 8 Reise Road			Street Address: 19 Bernice Drive		
City: Jamestown	State: RI	Zip: 02835	City: Cranston	State: RI	Zip: 02920
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	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	Date
Kekin A. Shah, President	02/05/2024
Signature of Authorized Representative: Kekin A Shah	

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

FORM 630 - Revised: 11/2021