



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.

MAR 04 2024

3753

STATE

or

1. Entity ID Number 000504523		2. Exact name of the Corporation AUM SHAKTI, INC.			
3. Principal Office Address 1219 Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Sale of bottled liquors, malt, soft beverages, cigarettes, lottery tickets, packaged snack food, candy, etc.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Satyam S. Patel			Vice-President Name Satyam S. Patel		
Street Address 4 Falcon Crest Drive			Street Address 4 Falcon Crest Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Satyam S. Patel			Treasurer Name Shivam S. Patel		
Street Address 4 Falcon Crest Drive			Street Address 4 Falcon Crest Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 500	CLASS/SE-RIFS 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 Satyam S. Patel					Date 2/21/24
Signature of Authorized Representative 					

MAIL TO:

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