RI SOS Filing Number: 202448246510 Date: 3/5/2024 4:00:00 PM 862820819 02/10/2024 2:57 PM

Department of State - Business Services Division

State of Rhode Island

Annual Report for the year: 2024

Corporation

Corporation		MAR 05 2024								
☑ Filing period. February 1 - May 1					141	UI	717			
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Entity ID Number	Entity ID Number									
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	<del></del>	City			State	Zip				
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4. NAICS Code		on o	of the character of bu				1 1/1	1 02022		
445120										
5. State of Incorporation										
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7. List ALL officers (names and		1.1	in rite.		Chr	ock the t	ov to indi	cate an attachment	$\Box$	
President Name					Vice-President Name					
BRIJESHKUMAR PATEL				1.00						
Street Address				Street Address						
132 NANCI KAREN DR										
City	State Zip		City		State		Zip			
WARWICK	RI	Ċ	12886							
Secretary Name				Treasurer Name						
Street Address	Street Address									
City State		Zıp		City		State		Zip		
List ALL directors (names and addresses)					Check the box to indicate an attachment					
Director Name				Director Name						
				<u> </u>						
Street Address				Street Address						
City Crote 7:0				Ch. State 7.5						
City	State	Ζıρ		City		State		Zıp		
Director Name	<u>l.                                      </u>			Director Na	3ma	L		L , ,		
Director Name				Director Name						
Street Address				Street Address						
City State		Zip		City		State		Zip		
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9. Shares Authonzed			10. Shares Issued	Chec		ck the t	ck the box to indicate an attachment			
This information is currently of record in the NUMBER OF S				HARES CLASS/SERIES				PAR VALUE		
Department of State.			100		EQUITY			1800		
Changes require an additional filing.										
<ol> <li>This report must be executed</li> </ol>	d on behalf of the	con	poration by an authori	zed represe	ntative. If the corpora	tion is in	the hand	ls of a re-		
ceiver or trustee, this report mus										
Under penalty of perjury, I					. •	ny acc	ompanyi	ing schedules ar	nd	
statements, and that all statements contained herein are true and correct.										
Name of Authorized Representative					Date			126/24		
Signature of Authorized Repres								r —		
VISHAL MODI										

**FILED** 

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov