



**State of Rhode Island
Department of State - Business Services Division**

APR 09 2024
158
OLP

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 1704557		2. Exact name of the Corporation SHIVANAND INC.			
3. Principal Office Address 3450 MENDON ROAD UNIT A & B			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island BEER, WINE & LIQUOR STORE RETAIL			
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 MAYUR PATEL			Vice-President Name NAYAN PATEL		
Street Address 500 MENDON ROAD			Street Address 37 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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	
		PAR VALUE			
		100	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. 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 PATEL				Date 3/30/2024	
Signature of Authorized Representative <i>Mr Patel</i>					

MAIL TO:
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