



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000123782		2. Exact name of the Corporation Shanti Hospitality, Inc.			
3. Principal Office Address 101 New London Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 721110		6. Brief description of the character of business conducted in Rhode Island Hotel Management			
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 Suresh M. Patel			Vice-President Name Rekha Patel		
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Rekha Patel			Treasurer Name Suresh M. Patel		
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Suresh M. Patel			Director Name Rekha Patel		
Street Address 29 Horizon Drive			Street Address 29 Horizon Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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		
			50	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 Suresh M. Patel					Date 2/3/2025
Signature of Authorized Representative <i>Suresh M. Patel</i>					

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

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