RI SOS Filing Number: 202566227730 Date: 2/24/2025 4:00:00 PM

		P 18 CALL PT 120/PT					
State of Rhode Island Department of State - Business Services Division				* ************************************	FILED FEB 2 4 2025		
Annual Report for the year: Corporation	2025			, i	rep 2	4 2025	
→ Filing period February 1 - May 1					BY_		
→ Filing Fee: \$50.00 → Penalty. Additional \$25.00 fee if form is not filed by May 31.				ig .		$\mathcal{L}YV$	
Entity ID Number	2. Exact name of the Corporation						
1714772	VEER CORP.						
3. Principal Office Address			City		State	Zip	
1601 Hartford Avenue					RI	02919	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
447110 5. State of Incorporation	Gasoline Stations with Convenience Stores Retail Trade						
Rhode Island							
7. List ALL officers (names and ad	ldresses)			Check the I	box to indicate	an attachment 🔲	
President Name Ravi Patel			Vice-President Name				
Streel Address 17 Ivy Way			Street Addr	Street Address			
^{City} Dartmouth	State MA	^{Zip} 02747	City		State	Zip	
Secretary Name			Treasurer f	Treasurer Name			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
List ALL directors (names and addresses)					box to indicate	an attachment 🔲	
Director Name			Director Name				
Street Address			Strect Address				
City	State	Zip	City		State	<i>Z</i> (p	
Director Name	Name			Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issued		Check the		e an attachment 🕜	
This information is currently of record in the Department of State.		10,000	SPACES	Common	D 344		
Changes require an additional filing.		10,000		Continuon	112.1.31.13.13.13		
11. This report must be executed	on behalf of the c	orporation by an a	uthorized rep	presentative. If the corp	poration is in t	he hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I decl	be executed on b	ehalf of the corpor	ration by the	receiver or trustee			
statements, and that all statem	ents contained h	erein are true an	d correct.		Date		
Name of Authorized Representative Ravi Patel				2/15/2025			
Signature of Authorized Representative							
from flat							

MAIL TO:

Division of Business Services

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

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