RI SOS Filing Number: 202566692420 Date: 3/6/2025 4:00:00 PM



## 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 fe	e if form is not	filed by May 31.						
1. Entity ID Number 154341	2. Exact name of the Corporation AMBICA REALTY, INC.							
3. Principal Office Address 1531 Newport Avenue			City Pawtud	ucket			Zip 02861	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island BUY, SELL, RENT, INVEST IN, REHABILITATE, IMPROVE AND							
5. State of Incorporation RHODE ISLAND	DEVELOP REAL ESTATE							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name PATHIK PATEL	Vice-President Name BRIJESH J. PATEL							
Street Address 12112 Luftborro	Street Address 12112 Luftborrow Lane							
City Hudson	State FL	<sup>Zip</sup> 34669	City			FL	Zip 34669	
Secretary Name BRIJESH J. PATEL			Treasurer Name PATHIK PATEL					
Street Address 12112 Luftborrow Lane			Street Address 12112 Luftborrow Lane  City State					
<sup>City</sup> Hudson	State FL	<sup>Zıp</sup> 34669	City Hud	City Hudson		FL	<sup>Zip</sup> 34669	
8. List ALL directors (names and ad			TD stee Ale	Check the b	ox to indi	cate an att	achment 🗆	
Director Name PATHIK PATEL	Director Name BRIJESH J. PATEL							
Street Address 12112 Luftborrow Lane			Street Address 12112 Luftborrow Lane					
<sup>City</sup> Hudson	State FL	<sup>Zip</sup> 34669	<sup>City</sup> Hudson		State	FL	<sup>Zip</sup> 34669	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
		10. Shares Issue						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S	SHARES	CLASS/SERIE	CLASS/SERILS MMON		NO PAR VALUE	
11. This report must be executed on ceiver or trustee, this report must be		•		•	oration is	in the hand	is of a re-	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm tha	et I have examined	d this repor		npanying	g schedule	es and	
Name of Authorized Representative						Date		
PATHIK PATEL, PRESIDE		February 18, 2025						
Signature of Authorized Representa								

MAIL TO:

**Division of Business Services** 

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

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