State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
MAR 20 2025
BY 1504

Annual Report for the year: 2025

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
001747713	NENNIYA INC

3. Principal Office Address	City	State	Zip
29 STAFFORD ROAD	TIVERTON	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445131	RETAIL TRADE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KANAIYALAL PATEL	
Street Address: 79 SYCAMORE LANE	Street Address:
City: WESTPORT, State: RI, Zip: 02790	City: , State: , Zip:
Secretary Name: SHAILESH PATEL	Treasurer Name:
Street Address: 45 ENDLEIGH AVNENUE	Street Address:
City: BILLERICA, State: MA, Zip: 01821	City: , State: , Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
BHADRESH K PATEL	
Street Address: 88 CONSTNACE AVENUE	Street Address:
City: W YARMOUTH, State: MA, Zip: 02673	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8000	CWP	0.0100

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	Date
KANAIYALAL PATEL	3/18/25 [redacted]

Signature of Authorized Representative: K A Patel SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017