



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.

REC'D RIDGS BSI  
25 APR 24 PM 12:21:40

1. Entity ID Number 10538		2. Exact name of the Corporation SHANIX, INC.			
3. Principal Office Address 40 Worthington Road			City Cranston	State RI	Zip 02920
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island closed circuit tv and access systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kekin A. Shah			Vice-President Name Nikhil A. Shah		
Street Address 8 Reise Road			Street Address 500 Stonebridge Drive		
City Jamestown	State RI	Zip 02835	City East Greenwich	State RI	Zip 02818
Secretary Name Kekin A. Shah			Treasurer Name Kekin A. Shah		
Street Address 8 Reise Road			Street Address 8 Reise Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kekin A. Shah			Director Name Paula M. Montanaro		
Street Address 8 Reise Road			Street Address 19 Bernice Drive		
City Jamestown	State RI	Zip 02835	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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. <i>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.</i>					
Name of Authorized Representative Kekin A. Shah, President				Date 4/1/25	
Signature of Authorized Representative 				FILED APR 24 2025 BY <u>YML 77453</u>	

MAIL TO:  
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