



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 <b>000795880</b>		2. Exact name of the Corporation <b>RESHAN, INC.</b>			
3. Principal Office Address <b>4 COHASSET LANE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>447110</b>		6. Brief description of the character of business conducted in Rhode Island <b>GAS STATION/CONVENIENCE STORE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>HARSHINDER PATHANIA</b>			Vice-President Name <b>HARSHINDER PATHANIA</b>		
Street Address <b>4 COHASSET LANE</b>			Street Address <b>4 COHASSET LANE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>HARSHINDER PATHANIA</b>			Treasurer Name <b>HARSHINDER PATHANIA</b>		
Street Address <b>4 COHASSET LANE</b>			Street Address <b>4 COHASSET LANE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			<b>600</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>HARSHINDER PATHANIA, PRESIDENT</b>					Date <b>5/21/2025</b>
Signature of Authorized Representative <i>Harshinder Pathania</i>					

## 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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MAY 23 2025

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FORM 630 - Revised: 2/2023