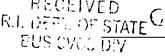
RI SOS Filing Number: 202218248290 Date: 5/23/2022 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 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 nam	ne of the Corporatio	<u> </u>			· <del></del>	
000522576	2	V & S FARM, INC.					
3 Principal Office Address			City		State	7 ip	
698 Broadway			Pawtucket		RI	02860	
4 NAICS Code	<ol><li>Brief desci</li></ol>	Brief description of the character of business conducted in Rhode Island					
447110	Gas Station	Gas Station/ Convenience Store					
5. State of Incorporation							
Rhode Island							
7 List ALL officers (names and	addresses)		<del></del>	Chack	the box to i	ndicate an attachment 🔲	
President Name Harshinder Pathania			Vice-President Name Harshinder Pathania				
Street Acdress 4 Cohasset Lane			Street Address 4 Cohasset Lane				
City Cranston	State RI	<sup>Ζιρ</sup> 02921	City Cranston		State RI	<sup>Zip</sup> 02921	
Secretary Name Harshinder Pathania			Treasurer Name Harshinder Pathania				
Street Address 4 Cohasset Lane			Street Address 4 Cohasset Lane				
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston		State RI	<sup>Z<sub>1</sub>p</sup> 02921	
8. List ALL directors (names and	d addresses)			Check	the box to	indicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	7тр	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Źιρ	
9 Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS SERIES		PAR VALUE	
Department of State.		600		Common		No Par Value	
Changes require an additional filing.		•				·	
11 This report must be executed	d on behalf of the	corporation by an a	authorized repres	entative If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be exec	culed on behalf of	the corporation by	the receiver or tr	ustee			
Under penalty of perjury, I dec				ncluding any accon	npanying s	chedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Harshinder Pathania		FILED 5/14/22					
Signature of Authorized Review		M. 127	1 <b>t</b> M ( <b>t</b> ) + 1 <b>t</b> -	MAY 23 2022	•		

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov # 0 W11 Y 6

FORM 630 - Revised: 10/2017