RI SOS Filing Number: 202329884970 Date: 3/1/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Corporation

Filing period: February 1 - May 1

Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31

Penalty: Adultional \$25.00	iee ii ioriii is not	illed by May 31.					
1. Entity ID Number 154341	2. Exact name of the Corporation AMBICA REALTY, INC.						
3. Principal Office Address	55				State	Zip	
1531 Newport Avenue			Pawtucke	et	RI	02861	
4. NAICS Code 53      D	6. Brief description of the character of business conducted in Rhode Island BUY, SELL, RENT, INVEST IN, REHABILITATE, IMPROVE AND DEVELOP						
5. State of Incorporation RHODE ISLAND	REAL ESTATE						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name MAHENDRA A. PATEL			Vice-President Name PATHIK PATEL				
Street Address 8019-265 Stree	Street Address 12112 Luftburrow Lane						
<sup>City</sup> Floral Park	State NY	<sup>Zip</sup> 11004	City Hudson		State FL	<sup>Zip</sup> 34669	
Secretary Name				Treasurer Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	<u> </u>	Check the box to indicate an attachment					
Director Name PATHIK PATEL			Director Name MAHENDRA A. PATEL				
Street Address 12112 Luftburrow Lane			Street Address 8019-265 Street				
<sup>City</sup> Hudson	State FL	<sup>Zip</sup> 34669	<sup>City</sup> Floral Park		State N	7 Zip 11004	
Director Name BRIJESH J. PATEL			Director Name				
Street Address 12112 Luftburrow Lane			Street Address				
<sup>City</sup> Hudson	State FL	<sup>Zip</sup> 34669	City		State	Zip	
9. Shares Authorized		10. Shares Issued Check			he box to ir	ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State.		100	NUMBER OF SHARES		COMMON		
Changes require an additional filing	•						
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		
PATHIK PATEL, VICE PRESIDENT					February 21, 2023		
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

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

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