RI SOS Filing Number: 202448252980 Date: 3/6/2024 4:00:00 PM

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State of Rhode Island	nd f State - Busine	nee Sanuicae I	Division	4.	FILED 18 06 2024		
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Annual Report for the	e year: 🏑 📆	10 <i>6</i> 1		ak	2024	,	
Corporation		 	~~		STIC	7).	
→ Filing period: Februar → Filing Fee: \$50.00	y i - May i					\sim	
→ Penalty: Additional \$25	5.00 fee if form is no	t filed by May 31					
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
154341	AMBICA	AMBICA REALTY, INC.					
3. Principal Office Address			City		State	Zip	
1531 Newport Avenue			Pawtucke	et	RI	02861	
4. NAICS Code	6. Bnef descr	6. Bnef description of the character of business conducted in Rhode Island					
53 0	BUY, SEI	L. RENT, INV	RENT, INVEST IN, REHABILITATE, IMPROVE AND DEVELOP				
5. State of Incorporation	REAL ES	REAL ESTATE					
RHODE ISLAND							
7. List ALL officers (names ar	nd addresses)			Check	the box to inc	ficate an attachment	
President Name MAHENDRA A. PATEL			Vice-President Name PATHIK PATEL				
Street Address 8019-265 Street			Street Address 12112 Luftburrow Lane				
^{City} Floral Park	State NY	^{Zip} 11004	City Hudson		State FL	^{Zip} 34669	
Secretary Name			Treasurer Name				
Street Address		· · ·	Street Address	3		 	
City	State	Zip	City		State	Ζιρ	
8. List ALL directors (names a	and addresses)					dicate an attachment E	
Director Name PATHIK PATEL			Director Name MAHENDRA A. PATEL				
Street Address 12112 Luftburrow Lane			Street Address 8019-265 Street				
^{Спу} Hudson	State FL	^{Zıp} 34669	City Floral Park		State NY	Zip 11004	
BRIJESH J. PATEL		Director Name					
Street Address 12112 Luftburrow Lane			Street Address				
^{City} Hudson	State FL	^{Zip} 34669	City		State	Zip	
9. Shares Authorized					ck the box to indicate an attachment Ries PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES COMMON NO		
		100					
14. This speed work has							
 This report must be executrustee, this report must be ex 					ration is in th	e nands of a receiver of	
Under penalty of perjury, I d	declare and affirm t	hat i have examin	ed this report, i		panying sci	nedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
PATHIK PATEL, VICE		February 21, 204					
Signature of Authorized Repri	1. <i>1</i>	2				<u> </u>	
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