



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 RIDDUS BSD
 STA
 24 MAY 31 AM 10:02:22

1. Entity ID Number 000522576		2. Exact name of the Corporation V & S FARM, INC.			
3. Principal Office Address 696 BROADWAY		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island GAS STATION/CONVENIENCE STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HARSHINDER PATHANIA			Vice-President Name HARSHINDER PATHANIA		
Street Address 4 COHASSET LANE			Street Address 4 COHASSET LANE		
City CRANSTON		State RI	Zip 02921	City CRANSTON	
Secretary Name HARSHINDER PATHANIA			Treasurer Name HARSHINDER PATHANIA		
Street Address 4 COHASSET LANE			Street Address 4 COHASSET LANE		
City CRANSTON		State RI	Zip 02921	City CRANSTON	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
			600	COMMON	NO PAR VALUE
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 HARSHINDER PATHANIA, PRESIDENT				Date 5/15/24	FILED
Signature of Authorized Representative <i>Harshinder Pathania</i>				MAY 31 2024 BY <i>JSF/BN</i> <i>KJ</i>	

MAIL TO:
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 Website: www.sos.ri.gov