

FOR OFFICE USE ONLY NEW TRANSFER
PERMIT # <u>4652205</u>

OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL
6606 Teulings Road, P.O. Box 4013 Reynoldsburg, Ohio 43068-9013
Telephone: (614) 444-2431 <http://www.com.ohio.gov/liq>

OFFICER/SHAREHOLDERS DISCLOSURE FORM

SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation KIMVIS, INC.	DEA Name	
Principal Address	City/State	Zip Code
Township, if in Unincorporated Areas	Tax Identification No. (TIN)	

SECTION B.

1. Is stock publicly traded? YES NO
If "YES", indicate each year _____ and Do NOT complete SECTION D.

2. Does any stockholder own 1% or more shares? If YES, complete SECTION D. YES NO

3. Total Number of shares issued 100

Please be advised that any and all security matters provided to the Div of Ohio Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio State Treasurer, the Ohio Attorney General, or any other state or local law enforcement agency if the above information is used in an investigation or other law enforcement matter.

SECTION C. List the top five (5) officers of the corporation. If an officer is NOT being listed, indicate by writing NONE.

THIS DOCUMENT IS LIMITED TO THE USE OF THE OHIO DEPARTMENT OF COMMERCE AND IS NOT TO BE DISSEMINATED TO ANY OTHER AGENCY OR INDIVIDUAL WITHOUT THE WRITTEN PERMISSION OF THE OHIO DEPARTMENT OF COMMERCE.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO NONE		
2) President VISHAL S. PATEL		
3) Vice-President NONE		
4) Secretary VISHAL S. PATEL		
5) Treasurer VISHAL S. PATEL		

SECTION D. Stockholders holding 1% or more outstanding shares. Note: If you are married, Question 1, YES, does not complete this section.

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1) Shareholder's Name	Social Security No. (if individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
VISHAL S. PATEL		100
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	
2) Shareholder's Name	Social Security No. (if individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO, **Cuyahoga** COUNTY:

I, **VISHAL S. PATEL**, being first duly sworn, according to law, depose and say that he/she is **PRESIDENT** of the **KIMVIS, INC.**, a corporation duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) *Vishal Patel* (Print Name and Corporate Title) **VISHAL S. PATEL** **PRESIDENT**

I swear to and subscribe to my previous this 17th day of SEPT 2020

Richard M. Conte
(Notary Public) (Notary Expiration)

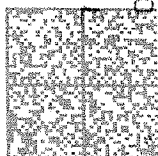


**Department
of Commerce**

Division of Liquor Control
6606 Tussing Road, P.O. Box 4005
Reynoldsburg, Ohio 43068-9005



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CLEVELAND, OH 44114

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