



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 148942		2. Exact name of the Corporation F.O.V. Landmark, Inc.			
3. Principal office address 356 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. 508-829-9715			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Owning, Leasing and Managing Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas P. Vuong			Vice-President Name Helouise J. Vuong		
Street Address 233 Newell Road			Street Address 233 Newell Road		
City Holden	State MA	Zip 01520	City Holden	State MA	Zip 01520
Secretary Name Thanh Phouc Vuong			Treasurer Name Helouise J. Vuong		
Street Address 1 Coombs Road			Street Address Same as above		
City Worcester	State MA	Zip 01602	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas P. Vuong			Director Name Thanh Phouc Vuong		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Helouise J. Vuong			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JAN 12 2016

BY **KL 1680**

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.

Thomas P. Vuong
 Signature of Authorized Representative

1/7/16
 Date

Thomas P. Vuong
 Print or Type Name of Authorized Representative