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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

#50

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
108883	ORIENTAL PLAZA, INC			
3. Street Address Principal Business Office		City	State	Zip
373 SMITH ST.		PROVIDENCE	RI	02908
4. Business Phone No.	5. State of Incorporation			
401-272-2678	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
GROCERY AND GENERAL MERCHANDISES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
CHANPHEN SARI	
Street Address: 43 NOLAN ST.	Street Address:
City: PROVIDENCE State: RI Zip: 02908	City: State: Zip:
Secretary Name: CHOUMPHONH SARI	Treasurer Name: SOMPHORN E. LUANGSAVATH
Street Address: 43 NOLAN ST.	Street Address: 43 NOLAN ST.
City: PROVIDENCE State: RI Zip: 02908	City: PROVIDENCE State: RI Zip: 02908

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
X		

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

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.

01-29-08
Signature *Date*

CHANPHEN SARI 01-29-08
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. MAR 24 2008
By: By 2505
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Form 630 Rev. 08/06