



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**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. 104756		2. Name of Corporation Rasmey Corporation			
3. Street Address Principal Business Office 1088 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. 401 421 5840		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Thai Restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bounthavy Phomsouvandara			Vice President Name Bounthavy Phomsouvandara		
Street Address 15 Springfield Street			Street Address 15 Springfield Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Bounthavy Phomsouvandara			Treasurer Name Siamphone Sittthirath		
Street Address 15 Springfield Street			Street Address 35 Wolfe Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 500	Class/Series A	Par Value No Par

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 2-16-2010  
Check No. 0001  
By: MNC  
FOR SECRETARY OF STATE USE ONLY

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.

Siamphone Sittthirath  
Signature Date  
Siamphone Sittthirath  
Print or Type Name  
Treasurer  
Title