



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 2012

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. 104139		2. Exact name of the Corporation HONG MEAS INC		
3. Principal office address 332 WARREN AVE		City EAST PROV	State RI	Zip 02914
4. Business Phone No.		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island ASAIN RESTAURANT				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name VIRAK PRUM		Vice-President Name BEN PRUM		
Street Address 19 LOUISIANA DR		Street Address 944 CRANSTON ST		
City PALM COUST	State FL	Zip 32137	City CRANSTON	State RI
Secretary Name SOKHA PRUM		Treasurer Name		
Street Address 19 LOUISIANA DR		Street Address		
City PALM COUST	State FL	Zip 32137	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name VIRAK PRUM		Director Name BEN PRUM		
Street Address		Street Address		
City	State	Zip	City	State
Director Name SOKHA PRUM		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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 2000		CLASS/SERIES COM	PAR VALUE NRV	

SECRETARY OF STATE
 CORPORATION DIV
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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

FILED

JUN 07 2012

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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.

[Signature]
 Signature of Authorized Representative _____ Date _____

SOPHORN PRUM
 Print or Type Name of Authorized Representative