



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 2013

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. 35260		2. Exact name of the Corporation Premier Value Merchandising Inc.			
3. Principal office address 11 Knight St. #D-13		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401 737-7388		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Import/Export wholesale of general merchandise.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lambert S.Y. Cheng			Vice-President Name Nui Oi Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Nui Oi Cheng			Treasurer Name Nancy K. Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lambert S.Y. Cheng			Director Name Nui Oi Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000 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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		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 _____

Check No _____

By: _____

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.

BY 441

Signature of Authorized Representative

Date

LAMBERT S. CHENG
Print or Type Name of Authorized Representative