



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. 63019		2. Exact name of the Corporation L. B. ORIENTAL FOOD PRODUCT CO. INC.								
3. Principal office address 20 Carter Avenue			City Pawtucket	State RI	Zip 02861					
4. Business Phone No. (401) 727-3111		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Preparation and packaging of food products for wholesale.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Lily Khamsyvoravong			Vice-President Name Xaysana Khamsyvoravong							
Street Address 20 Carter Avenue			Street Address 20 Carter Avenue							
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861					
Secretary Name Khemkham Khamsyvoravong			Treasurer Name Bounheuang Khamsyvoravong							
Street Address 20 Carter Avenue			Street Address 20 Carter Avenue							
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Lily Khamsyvoravong			Director Name Bounheuang Khamsyvoravong							
Street Address 20 Carter Avenue			Street Address 20 Carter Avenue							
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861					
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						200	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

FILED

APR 03 2013

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.

Xaysana Khamsyvoravong 3/27/13
 Signature of Authorized Representative Date
 Xaysana Khamsyvoravong
 Print or Type Name of Authorized Representative

By *mms*
CP#20167