



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 2014

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. 258467		2. Exact name of the Corporation Heng Heng Floor Sanders, Inc				
3. Principal office address 6 Welfare Ave			City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-316-0319			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Hardwood floor installation, sands, buffs, varnishes Polyurethane						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Elaine C Proeung			Vice-President Name Sengry P Cheang			
Street Address 6 Welfare Ave			Street Address 6 Welfare Ave.			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910	
Secretary Name Same			Treasurer Name Same			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
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			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
				1.00		0.01

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CORPORATIONS 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
 MAR 21 2014
 49-22056
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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 of Authorized Representative: Elaine C Proeung
 Date: 3/21/14

Print or Type Name of Authorized Representative: Elaine C Proeung