



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 2009

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. 248788		2. Exact name of the Corporation Sina Ly Sinn, Realty Co			
3. Principal office address 77 Hillwood Street		City Cranston	State RI	Zip 02920	
4. Business Phone No. 401 440 6220		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Investment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Sina Ly Sinn		Vice-President Name Sina Ly Sinn			
Street Address 77 Hillwood Street		Street Address 77 Hillwood Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Sina Ly Sinn		Treasurer Name Sina Ly Sinn			
Street Address 77 Hillwood Street		Street Address 77 Hillwood Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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) ☐		
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
			1000	A	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.

FILED

SEP 18 2014

Sina Ly Sinn 08/27/2014
Signature of Authorized Representative Date

Sina Ly Sinn / President
Print or Type Name of Authorized Representative

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A.A. 11:20 A.M.