



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 2015**

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. <b>346295</b>		2. Exact name of the Corporation <b>GOLD STARS GIFT STORE, INC.</b>			
3. Principal office address <b>484 LONSDALE AVENUE</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
4. Business Phone No. <b>(401) 365-1211</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>SALE OF GENERAL MERCHANDISE AT RETAIL FOR PROFIT</b>					
President Name <b>LIEV C. HENG</b>			Vice-President Name <b>KHENG L. HENG</b>		
Street Address <b>10 LOCUST GLEN COURT</b>			Street Address <b>SAME</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>LIEV C. HENG</b>			Treasurer Name <b>KHENG L. HENG</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
<b>7. DIRECTOR NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT</b> <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
<b>8. SHARES AUTHORIZED</b> <input type="checkbox"/> <b>9. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <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	CLASS/SERIES	PAR VALUE	
		200	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.

**FILED**

MAR 13 2015

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.

*Liev C. Heng* 03-10-2015  
 Signature of Authorized Representative Date

**LIEV C. HENG, PRESIDENT**

Print or Type Name of Authorized Representative

*gmd*  
*2182*