



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 2016

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. 138888		2. Exact name of the Corporation Pimtung, Inc			
3. Principal office address 238 East Main Road		City Middle town	State RI	Zip 02842	
4. Business Phone No. (401) 851-7988		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Thai Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sipim Tongsap			Vice-President Name Rattana Nonnapna		
Street Address 84 Washington Road			Street Address 84 Washington Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Sipim Tongsap			Treasurer Name Sipim Tongsap		
Street Address 84 Washington Road			Street Address 84 Washington Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sipim Tongsap			Director Name Rattana Nonnapna		
Street Address 84 Washington Road			Street Address 84 Washington Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 1000		CLASS/SERIES		PAR VALUE 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.

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.

Sipim Tongsap 2/29/16
Signature of Authorized Representative Date

Print or Type Name of Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2016

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A.A.