

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. 194803		2. Exact name of the Corporation HARIM USA, LTD			
3. Principal office address 126 NORTH SHIPLEY STREET		City SEAFORD		State DE	Zip 19973
4. Business Phone No. 302-629-9163		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island POULTRY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name HAKRIM LEE			Vice-President Name		
Street Address			Street Address		
City SEAFORD	State DE	Zip 19973	City	State	Zip
Secretary Name SE-GI CHEON			Treasurer Name TAEKYUN LEE		
Street Address			Street Address		
City SEAFORD	State DE	Zip 19973	City SEAFORD	State DE	Zip 19973
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name BRIAN HILDRETH			Director Name		
Street Address			Street Address		
City SEAFORD	State DE	Zip 19973	City	State	Zip
Director Name STEVE EVANS			Director Name		
Street Address			Street Address		
City SEAFORD	State DE	Zip 19973	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
			2514366	COMMON	00001

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

Form No. 630
Revised: 01/2012

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.

 2/29/14
Signature of Authorized Representative Date

BRIAN HILDRETH
Print or Type Name of Authorized Representative

FILED
MAR 17 2016
BY KLC 107277