



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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CORPORATIONS DIV
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Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>000613245</u>		2. Exact name of the Corporation <u>Rittipa Corporation</u>		
3. Principal Office Address <u>10 Titus St</u>		City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
4. Business Phone Number <u>(401) 489 6627 / (401) 660 9257</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Benchamas Saengpim</u>		Vice-President Name <u>Piyapong Rittipa</u>		
Street Address <u>149 Paradis Ave Fir 1</u>		Street Address <u>211 Crawford St</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>
Secretary Name <u>Juan Yotharath</u>	Treasurer Name <u>Benchamas Saengpim</u>			
Street Address <u>10 Titus St</u>		Street Address <u>149 Paradis Ave Fir 1</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Woonsocket</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name <u>Benchamas Saengpim</u>		Director Name		
Street Address <u>149 Paradis Ave Fir 1</u>		Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State
9. Shares Authorized				
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.				
NUMBER OF SHARES <u>10,000</u>		CLASS/SERIES <u>A</u>		PAR VALUE <u>No par</u>
11. 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.				
Name of Authorized Representative <u>Benchamas Saengpim</u>			Date <u>3/31/2016</u>	
Signature of Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT HERE	

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By 271480
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