



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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 APR - 1 AM 9:59

Profit Corporation Annual Report for the year: 2013

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>000 613245</u>		2. Exact name of the Corporation <u>RITIPA 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>PIVAPONG RITIPA</u>		
Street Address <u>149 PARADIS AVE FLR 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>
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>WOONSOCKET</u>	State <u>RI</u>
Secretary Name <u>YUAN YOTHARATH</u>		Treasurer Name <u>BENCHAMAS SAEN</u>		
Street Address <u>10 TITUS ST</u>		Street Address <u>149 PARADIS AVE FLR 1</u>		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>WOONSOCKET</u>	State <u>RI</u>
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</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 FLR 1</u>		Street Address		
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City	State
City	State	Zip	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	CLASS/SERIES	PAR VALUE
		<u>10,000</u>	<u>A</u>	<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	

FILED
APR 01 2016
By 271480
A.A. 10:00 AM