



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

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RECEIVED
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		2. Exact name of the Corporation		
000 613245		RITIPA CORPORATION		
3. Principal Office Address		City	State	Zip
10 TITUS ST		CUMBERLAND	RI	02864
4. Business Phone Number		5. State of Incorporation		
(401) 489 6627 / (401) 660 9257		RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island				
RESTAURANT				
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name		
BENCHAMAS SAENGPIM		PIVAPONG RITIPA		
Street Address		Street Address		
149 PARADIS AVE FLR 1		211 CRAWFORD ST		
City	State	Zip	City	State
WOONSOCKET	RI	02895	WOONSOCKET	RI
Secretary Name		Treasurer Name		
YUAN YOTHARATH		BENCHAMAS SAEN		
Street Address		Street Address		
10 TITUS ST		149 PARADIS AVE FLR 1		
City	State	Zip	City	State
CUMBERLAND	RI	02864	WOONSOCKET	RI
8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name		
BENCHAMAS SAENGPIM				
Street Address		Street Address		
149 PARADIS AVE FLR 1				
City	State	Zip	City	State
WOONSOCKET	RI	02895		
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
		10,000	A	NO PAR
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				Date
BENCHAMAS SAENGPIM				3/31/2016
Signature of Authorized Representative				SIGN DOCUMENT HERE

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