



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2016 OCT -3 PM 3:18

1. Entity ID Number <u>825629</u>		2. Exact name of the Corporation <u>WOOMA INC.</u>			
3. Principal Office Address <u>272 THAYER ST</u>		City <u>providence</u>	State <u>RI</u>	Zip <u>02906</u>	
4. Business Phone Number <u>401) 751-1234</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 ☐					
President Name <u>WOOMA CHO</u>		Vice-President Name			
Street Address <u>22 ROCKLAND ST</u>		Street Address			
City <u>NEWTON</u>	State <u>MA</u>	Zip <u>02461</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>0</u>			<u>.01</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>Yansu choe</u>					Date <u>10/3/2016</u>
Signature of Authorized Representative <u>[Signature]</u>					SIGN DOCUMENT HERE

FILED

OCT 03 2016

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 530 - Revised: 05/2016