



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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 RECEIVED
 RI. DEPT. OF STATE
 BUSINESS SERVICES DIVISION
 2915

1. Entity ID Number 000121256	2. Exact name of the Corporation BAN Chiang Inc.		
3. Principal Office Address 1050 Willett Ave.		City E. Providence	State RZ
4. Business Phone Number: (401) 433-0123	6. Brief description of the character of business conducted in Rhode Island Thai Restaurant.		
5. State of Incorporation Rhode Island			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diana T. Thummasit			Vice-President Name		
Street Address 570 Phoenix Ave			Street Address		
City Cranston	State RI	Zip 02921	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 <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <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
	100	STK	

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 Diana T. Thummasit	Date 11/9/16
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Signature of Authorized Representative *[Signature]* **SIGN DOCUMENT HERE** **FILED**

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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By *[Signature]*