



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

Annual Report for the year: 2017
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|-------------|--|---|-------------|--------------|
| 1. Entity ID Number 35260 | | 2. Exact name of the Corporation Premier Value Merchandising Inc. | | | |
| 3. Principal Office Address 11 Knight St. #D-13 | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code 42 | | 6. Brief description of the character of business conducted in Rhode Island Import/ Export wholesale of general merchandise | | | |
| 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 Lambert S.Y. Cheng | | | Vice-President Name Nui Oi Cheng | | |
| Street Address 71 Glen Ridge Rd. | | | Street Address 71 Glen Ridge Rd. | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Nui Oi Cheng | | | Treasurer Name Nancy K. Cheng | | |
| Street Address 71 Glen Ridge Rd. | | | Street Address 71 Glen Ridge Rd. | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Lambert S. Y. Cheng | | | Director Name Nui Oi Cheng | | |
| Street Address 71 Glen Ridge Rd. | | | Street Address 71 Glen Ridge Rd. | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. 1000 Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 | Common | 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 <i>Lambert S.Y. Cheng</i> | | | FILED 2/1/17 FEB 10 2017 BY <i>[Signature]</i> <i>[Signature]</i> | | |
| Signature of Authorized Representative LAMBERT S. Y. CHENG | | | | | |
| SIGN DOCUMENT HERE | | | | | |

MAIL TO:
Division of Business Services
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