



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

Annual Report for the year: 2017
Corporation

- 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 000545889		2. Exact name of the Corporation Sura 153, Inc.			
3. Principal Office Address 300 George Waterman Road			City Johnston	State RI	Zip 02919
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Asian 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 Hae Sook Kim			Vice-President Name Gene J. Choi		
Street Address 300 George Waterman Road			Street Address 457 Tiffany Street		
City Johnston	State RI	Zip 02919	City Attleboro	State MA	Zip 02713
Secretary Name Hae Sook Kim			Treasurer Name Gene J. Choi		
Street Address 300 George Waterman Road			Street Address 457 Tiffany Street		
City Johnston	State RI	Zip 02919	City Attleboro	State MA	Zip 02713
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Hae Sook Kim			Director Name Gene J. Choi		
Street Address 300 George Waterman Road			Street Address 457 Tiffany Street		
City Johnston	State RI	Zip 02919	City Attleboro	State MA	Zip 02713
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
			10.	CWP	\$0.1000
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. <i>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.</i>					
Name of Authorized Representative Gene J. Choi				Date 1/24/2017	
Signature of Authorized Representative SIGN DOCUMENT FILED OK					

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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