RI SOS Filing Number: 201734713280 Date: 2/21/2017 4:00:00 PM

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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

Penalty. Additional \$25.			1		_		
1. Entity ID Number 1337880		2. Exact name of the Corporation SKY MARKET, INC.					
	SKT MARI	AET, INC.					
Principal Office Address			City		State	Zip	
10 LOCUST GLEN COURT		CRANSTON		RI	02921		
4. NAICS Code	6. Brief des	cription of the chara	cter of business cor	nducted in Rhode Is	sland	<u></u>	
44-45 - Retail Trade	SALE OF	SALE OF FOOD & GENERAL MERCHANDISE AT RETAIL FOR PROFIT					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and	addresses)			Check	the box to	indicate an attachment	
President Name LIEV C. HENG			Vice-President Name KHENG L. HENG				
Street Address 10 LOCUST GLEN COURT			Street Address SAME				
City CRANSTON	State RI	^{Zip} 02921	City		State	Zip	
Secretary Name LIEV C. HENG			Treasurer Name KHENG L. HENG				
Street Address SAME			Street Address SAME				
City	State	Zip	City	"-	State	Zip	
8. List ALL directors (names an	d addresses)			Check	the box to	indicate an attachment	
Director Name NONE			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	- .		Director Name			<u>, , , , , , , , , , , , , , , , , , , </u>	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
2. Ob A.Mb	<u></u>	10.01					
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Iss		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
		200		COMMON		NO PAR	
		<u> </u>					
11. This report must be execute	ed on behalf of the	e corporation by an a	authorized represer	ntative. If the corpor	ration is in	the hands of a receiver or	
rustee, this report must be exe	cuted on behalf of	of the corporation by	the receiver or trus	tee.			
Under penalty of perjury, I de				luding any accom	panying s	chedules and	
statements, and that all state. Name of Authorized Represent		o nerein are true an	a correct.	, , ,	Date .		
LIEV C. HENG, PRESIDENT			03	2-17-2017			
Signature of Authorized Repres	entative				+		
. Dew t	Hany		:				
IAII TO:							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 1 2017

FORM 630 - Revised: 10/2016