



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 908107		2. Exact name of the Corporation Sutus, Inc.			
3. Principal Office Address 93 Hope Street			City Providence	State RI	Zip 02906
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island To own, conduct, operate, maintain and carry on the business of a Thai food 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 Somying Siryabhibadh Wongsit			Vice-President Name		
Street Address 365 Elmgrove Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Somying Siryabhibadh Wongsit			Treasurer Name Somying Siryabhibadh Wongsit		
Street Address 365 Elmgrove Avenue			Street Address 365 Elmgrove Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Somying Siryabhibadh Wongsit			Director Name		
Street Address 365 Elmgrove Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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. 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
			1,000	Common	No Par Value
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 Somying Siryabhibadh Wongsit				Date 3-27-17	
Signature of Authorized Representative <i>[Signature]</i>					

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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