



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2015

## 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 <b>789201</b>		2. Exact name of the Corporation <b>Charley's WW Inc</b>	
3. Principal Office Address <b>7 Lisa Lane</b>		City <b>Nanuet</b>	State <b>NY</b>
		Zip <b>10954</b>	
4. Business Phone Number <b>845-215-9783</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>fast food restaurant</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David B Koo</b>		Vice-President Name	
Street Address <b>7 Lisa Lane</b>		Street Address	
City <b>Nanuet</b>	State <b>NY</b>	City	State
Zip <b>10954</b>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Christina Oh</b>		Director Name	
Street Address <b>7 Lisa Lane</b>		Street Address	
City <b>Nanuet</b>	State <b>NY</b>	City	State
Zip <b>10954</b>		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		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. <b>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.</b>			
Name of Authorized Representative <b>David B Koo</b>		Date <b>11/3/2016</b>	
Signature of Authorized Representative <b>David B Koo</b>			

SIGN DOCUMENT HERE

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 13 2017

By **298146**  
**AA-11:17 AM**

FORM 630 - Revised: 05/2016