RI SOS Filing Number: 201737957320 Date: 3/13/2017 11:16:00 AM

State of Rhode Islan	nd and Providend	ce Pla	intations			_		<u> </u>
Department of State - Business Services Division							ZHITAK	2 B
Annual Report for the	e year: <sup>2014</sup>						TAN	
Corporation				<del></del>				
→ Filing period: January 1 - March 1							-	597
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.							=	S D S D
-7 Ferfaity. Additional \$20	.oo lee ii loliii ii	5 1101	illed by April 1	l •		_		<del>.</del> ₹ <b>3</b> -
1. Entity ID Number	2. Exact name Charley's W		*				1	
3. Principal Office Address				City	·	State		Zip
7 Lisa Lane				Nanuet		NY		10954
4. Business Phone Number				5. State of	Incorporation			
845-215-9783				R!				
6. Brief description of the cha	racter of busines	s cor	ducted in Rhoo	de Island				
fast food restaurant								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name David B Koo				Vice-President Name				
Street Address 7 Lisa Lane				Street Address				
City Nanuet	State NY		<sup>Zip</sup> 10954	City		State		Zip
Secretary Name				Treasurer Na	ame .		~	
Secretary Name				116920161 145	31116			95
Street Address				Street Address V STAR				
City	State	Zip		City		State	-	Zip A
8. List ALL directors (names a	nd addresses)				Check	the box to	indicate:2	attachment
Director Name Christina Oh				Director Name N. A. T.				
Street Address 7 Lisa Lane				Street Address				
City Nanuet	State NY	Zip	10954	City		State		Zip
9. Shares Authorized 10. Shares I							indicate a	
This information is currently of record in the				IF SHARES	CLASS/SERII	ES	Г	PAR VALUE
Department of State.			0					D_
Changes require an additional t								
11. This report must be execu	ted on behalf of	the co	ornoration by a	n sufborized r	onresentative If the co	rnoration is	in the ha	nds of a receiver
or trustee, this report must be	executed on bel	half o	f the corporatio	n by the recei	ver or trustee.			
Under penalty of perjury, I d					ort, including any acc	ompanyin	ig schedu	iles and
statements, and that all stat Name of Authorized Represer		rea n	ereiri are true	and correct.		Date	===	
David B K						11/3/2	016	1 1
Signature of Authorized Repre		<del></del>		<del></del>			- 5	
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David Bon	Com		Service of the service of the	in the Containing Post	- w		2	
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MAIL TO-					and a of the other other of the other of th		• •	nere ?
MAIL TO: Division of Business Services					FILED		<b>12</b> %	
148 W. River Street, Providence	ı	MAD 1 9 2017						
Phone: (401) 222-3040					MAR 1 3 2017			

FORM 630 - Revised: 05/2016

Website: www.sos.ri.gov