



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.

STAMP

1. Entity ID Number <b>136956</b>		2. Exact name of the Corporation <b>APSARA PALACE, INC.</b>					
3. Principal Office Address <b>1441 Park Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>		
4. NAICS Code <b>72 - Accommodation and Food</b>	6. Brief description of the character of business conducted in Rhode Island <b>Deal in restaurants, taverns, cafes', cafeterias, grills, diners, delicatessens, lunch rooms, coffee shops, luncheonettes and kitchens.</b>						
5. State of Incorporation <b>Rhode Island</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>Sophal Sok</b>			Vice-President Name <b>Sophal Sok</b>				
Street Address <b>24 Paine Avenue</b>			Street Address <b>24 Paine Avenue</b>				
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>		
Secretary Name <b>Sophal Sok</b>			Treasurer Name <b>Sophal Sok</b>				
Street Address <b>24 Paine Avenue</b>			Street Address <b>24 Paine Avenue</b>				
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>		
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>Sophal Sok</b>			Director Name <b>None</b>				
Street Address <b>24 Paine Avenue</b>			Street Address				
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip		
Director Name <b>None</b>			Director Name <b>None</b>				
Street Address			Street Address				
City	State	Zip	City	State	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
			<b>100</b>		<b>Common</b>	<b>No Par Value</b>	
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>Sophal Sok</b>			Date <b>3/17/17</b>				
Signature of Authorized Representative <i>Sophal Sok</i>			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 23 2017

BY

FORM-630 Revised: 10/2016