RI SOS Filing Number: 201739461780 Date: 4/3/2017 4:00:00 PM

<b>(B)</b>	

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Corporation	year:	2017					
•	Morob 1						
→ Filing period: January 1 → Filing Fee: \$50.00	- Iviarch I						
→ Penalty: Additional \$25.0	00 fee if form is	not filed by April 1					
		Tiot filed by April 1.					
Entity ID Number	2. Exact na	ame of the Corporat	ion	<u>"</u>	7		
876783	T & S F	ENTERPRISES,	INC.				
3. Principal Office Address			City	<del>"</del>	State	Zip	
					Otato	12.14	
716 PUBLIC STREET			PROVIDENC		RI	02907	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island     RESTAURANT						
72	KESIAUR	CAIN L					
5. State of Incorporation	$\dashv$						
l., , _ , .							
Rhode Island		·					
7. List ALL officers (names and President Name	addresses)		1	Check t	he box to i	ndicate an attachment	
PHAT TANG			Vice-President N	Name			
Street Address			CA				
24 PAINE AVENUE			Street Address				
City	State	Zip	City		State	7:	
CRANSTON	RI	02910	City		State	Zip	
Secretary Name	1.02	02010	Treasurer Name		<u>L</u>		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and Director Name	<u>l addresses)</u>			Check t	ne box to ir	ndicate an attachment	
Director Name	Director Name						
Street Address			Ct+ A				
out of Addiess			Street Address				
City	State	Zip	City	<del></del>	State		
•		12.10	Jony .		State	Zip	
Director Name			Director Name		<u>L</u>		
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
					<u></u>		
9. Shares Authorized	10. Shares Is:		Check th	e box to in	dicate an attachment		
This information is currently of re Department of State.	cora in the	NUMBER C	OF SHARES	CLASS/SERIES		PAR VALUE	
•		1,00	nn	COMMON	1	40.05	
Changes require an additional filir			COMMON		<u>\$0</u> .01		

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

PHAT TANG

Signature of Authorized Representative

SIGN DOCUMENT HERE

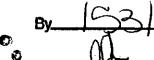
FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR **03** 2017



03-29-17