State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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	2. Exact name of the Corporation
1042043	CHANNTHA THIM INC.

3. Principal Office Address	City	State	Zip
787 Hope Street	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	Operate a restaurant. 722511
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Sochea N. Pol	787 Hope Street	Providence	RI	02906

Vice-President Name	Street Address	City	State	Zip
Sotheara N. Pol	787 Hope Street			

Secretary Name	Street Address	City	State	Zip
Sochea N. Pol	787 Hope Street	Providence	RI	02906

Treasurer Name	Street Address	City	State	Zip
Sochea N. Pol	787 Hope Street	Providence	RI	02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common Stock	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	Date
Sochea N. Pol	02/05/18

Signature of Authorized Representative: 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
FEB 07 2018
BY 22670 QS

FORM 630 - Revised: 10/2016