RI SOS Filing Number: 201858531810 Date: 2/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division					FILED	
Annual Report for the year: 2018 Corporation					FE	STAMP B 16 2018
 → Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe 			BY			
1. Entity ID Number	2. Exact name of	the Corporation				
000035260	Premier Value Merchandising Inc.					
3. Principal Office Address 11 Knight St. #D-13			City Warwick		State RI	Zip 02886
4. NAICS Code	6. Brief description	on of the character	of business c	onducted in Rhode Isla	and	
425120 5. State of Incorporation	Import/ Export wholesale of general merchandise					
Rhode Island						
7. List ALL officers (names and addresses) President Name Check the box to Vice-President Name						ndicate an attachment
Lambert S.Y. Cheng			Nui Oi Cheng			
Street Address			Street Address			
71 Glen Ridge Rd. City State Zip			71 Glen Ridge Rd. City State Zpasses			
Cranston	RI	02920	City Cransto		RI	^{Zip} 02920
Secretary Name Nui Oi Cheng			Treasurer Name Nancy K. Cheng			
Street Address	Street Address 71 Glen Ridge Rd.					
71 Glen Ridge Rd. Cily	State	Zip	City		Slate	Zip
Cranston	RI	02920	Cranston Check!		RI e boy to ir	02920
Director Name Director Name					idicate an attachment	
Lambert S. Y. Cheng			Nui. Oi. Cheng Street Address			
Street Address 71 Glen Ridge Rd.			71 Glen Ridge Rd.			
City Cranston	State RT	Zip 02920	^{City} Cranston		State RI	Zip 02920
Director Name	<u>.</u>	<u> </u>	Director Name		<u>.</u>	<u>I</u>
Street Address			Street Address			
City	State	Zip	City	<u> </u>	State	Zip
9. Shares Authorized		10. Shares Issue			e box to ir	ndicate an attachment
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SFRIES	No Par	
1000 Changes require an additional filing.		100 Cor		Common		NO PAI
		_				
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						
Name of Authorized Representative					Date 2/11/18	
Signature of Authorized Representative						
Luct 5-4 Clar President 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