Department of Standard Report for the years and the percentage of	•					STAMP B 16 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. Entity ID Number	2. Exact name	of the Corporation			-	
000035260	Premier	Value Merchar	ndising In	c.	_	
3. Principal Office Address 1.1 Knight St. #D-1	· · · · · · · · · · · · · · · · · · ·				State RI	Zip 02886
			Warwick		1	
4. NAICS Code 425120				onducted in Rhode Is eneral merchan		
5. State of Incorporation Rhode Island	Timpor cy	impore wio.e.	imic or go	THE TAXABLE PROPERTY.	J J. J.	
7. List ALL officers (names and ad	ldresses)				he box to ir	ndicate an attachment
esident Name Lambert S.Y. Cheng			Vice-President Name Nui Oi Cheng			
reet Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.			
City Cranston	State RI	Zip 02920	City Cransto	on	State RI	^{Zip} 02920
Secretary Name Nui Oi Cheng			Treasurer Nam Nancy K	ne K. Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Gler	n Ridge Rd		
City	State	Zip	City		Slate	Zip
Cranston	RI_	02920	Cranst		RI Ri	02920 ndicate an attachment
8. List ALL directors (names and a Director Name Lambert S. Y. Cheng			Director Name		INE DOX TO I	ndicate an attachment
Street Address			Street Address 71 Glen Ridge Rd.			
Cranston	State RT	Z _{ip} 02920	City Cranston		State RI	^{Zip} 02920
Director Name			Director Name			
Street Address		<u>_</u> .	Street Address	i	. <u>.</u>	
City	State	Zip	City		State	Zip
9. Shares Authorized	<u> </u>	10. Shares Issue				ndicate an attachment
This information is currently of record in the Department of State. 1000		NUMBER OF S	NUMBER OF SHARES		CLASSISFRIES Common	
Changes require an additional filing	g.			33,11,131		No Par

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

LAMBERT

Signature Authorized Representative

S.Y. CHENG

2/11/18 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 Date