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.

FILED
FEB 21 2018
BY 13428

1 Entity ID Number	2. Exact name of the Corporation			
90807	**Sutus, Inc.**			
3 Principal Office Address		City	State	Zip
93 Hope Street		**Providence**	**RI**	**02906**
4 NAICS Code: 311422	6 Brief description of the character of business conducted in Rhode Island			
5 State of Incorporation: **Rhode Island**	**To own, conduct, operate, maintain and carry on the business of a Thai food restaurant**			

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

President Name: **Somying Siryabhibadh Wongsit**			Vice-President Name		
Street Address: **365 Elmgrove Avenue**			Street Address		
City: **Providence**	State: **RI**	Zip: **02906**	City	State	Zip
Secretary Name: **Somying Siryabhibadh Wongsit**			Treasurer Name: **Somying Siryabhibadh Wongsit**		
Street Address: **365 Elmgrove Avenue**			Street Address: **365 Elmgrove Avenue**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Providence**	State: **RI**	Zip: **02906**

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

Director Name: **Somying Siryabhibadh Wongsit**			Director Name		
Street Address: **365 Elmgrove Avenue**			Street Address		
City: **Providence**	State: **RI**	Zip: **02906**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,000	Common	Without 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: **Somying Siryabhibadh Wongsit**

Date: 12-18-18

Signature of Authorized Representative: Somying Siryabhibadh Wongsit

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

FORM 630 - Revised: 10/2017