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

FILED
FEB 23 2018 MP
BY 360049

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			
88725	47 WEST 14TH ST. CORP.			
3. Principal Office Address		City	State	Zip
375 THAMES STREET		NEWPORT	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	PURCHASE, LEASE, EXCHANGE OR OTHERWISE ACQUIRE REAL ESTATE.			
5. State of Incorporation				
RI				

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

President Name: YEH JONG SON			Vice-President Name: STEVEN G. CUNDY		
Street Address: 375 THAMES STREET			Street Address: 375 THAMES STREET		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840
Secretary Name: LAHNA SON-CUNDY			Treasurer Name: YEH JONG SON		
Street Address: 375 THAMES STREET			Street Address: 375 THAMES STREET		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

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

Director Name: STEVEN G. CUNDY			Director Name: NONE		
Street Address: 375 THAMES STREET			Street Address:		
City: NEWPORT	State: RI	Zip: 02840	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	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
200	COMMON	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	Date
YEH JONG SON	1/29/18

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

FORM 630 - Revised: 10/2017