2001

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

$\mathcal{O}_{\mathcal{O}}$	FILED
	FEB 2 6 2018
BY	<u>U 1554</u>

→ Penalty: Additional \$25.00 fe	e if form is not	filed by April 1.						
Entity ID Number	2. Exact name of the Corporation							
293152	Heong's M	Heong's Market, Inc.						
3. Principal Office Address			City		State	Zip		
1475 Main Street			West Warwi	ck	RI	02893		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
445110	Retail Grocery Store - Supermarket							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Ben Chan			Vice-President Name Ting Lin Chan					
Street Address 1475 Main Street	Street Address 1475 Main Street							
City West Warwick	State RI	Z _{IP} 02893	City West Wa		State RI	^{Zip} 02893		
Secretary Name Ting Lin Chan	•	· • · · · · · · · · · · · · · · · · · ·	Treasurer Name Ben Chan					
Street Address 1475 Main Street			Street Address 1475 Main Street					
City West Warwick	State RI	^{Zip} 02893	City West Warwick		State RI	^{Zip} 02893		
8. List ALL directors (names and ac	Idresses)		··-		he box to i	ndicate an attachment		
Director Name None			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name				Director Name				
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized	^	10. Shares Issue			he box to ii	ndicate an attachment 🔲		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES Common		No Par		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the o	corporation by an au	thorized repres	entative. If the corpor	ration is in t	he hands of a receiver or		
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 /								
Ben Chan 2/21/18								
Signature of Authorized Representative SIGN DOCUMENT HERE								
I Al Vand								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov