RFSOS Filing Number: 201859397190 Date: 2/28/2018 4:00:00 PM

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Corpo

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

17.40.51		
Annual	Report for the year:	2018
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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

	<del>e</del> ii ionin is not iii	ou by April 1.						
1. Entity ID Number	2. Exact name of the Corporation							
000545889	SUR	A 153, Inc	•					
3. Principal Office Address			City		State	Zip		
300 George Waterman Road			John	nston	RI	02919		
4. NAICS Code	<ol><li>Brief description</li></ol>	on of the character	of business o	conducted in Rhode Isla	and	<u> </u>		
47225-41	Asian Restaurant							
5. State of Incorporation	]							
Rhode Island								
<ol><li>List ALL officers (names and add</li></ol>	resses)		·		ne box to indi	cate an attachment		
President Name			Vice-President Name					
Hae Sook Kim Street Address			Gene J. Choi					
300 George Water	Street Address  457 Tiffany Street					t		
City Johnston	State RI	Zip 02919	City Att1	eboro	State MA	<sup>Zıp</sup> 02713		
Secretary Name		1		· · · · · · · · · · · · · · · · · · ·	I			
Hae Sook Kim	Treasurer Name Gene J. Choi							
Street Address	Street Address Street Address							
300 George Water	<del>,</del>		457 Tiffany Street					
City <b>Johnston</b>	State RI	Zip 02919	City Attle	boro	State MA	Zlp 02713		
8. List ALL directors (names and ad	dresses)		] ALLIE			cate an attachment		
Director Name Director Name								
Hae Sook Kim			<u> </u>	Gene J. Cho	1			
				Street Address 457 Tiffany Street				
300 George Water	Man Road State	Zip 02010	City	5/ TILLARY 5	State	Zip 02712		
Johnston	RI	02919	Att	leboro	MA	$1   ^{\text{Zip}}  02713$		
Director Name			Director Name	9				
Street Address			Street Address	s				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue	d Check the box to indicate an attachment					
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES	CLASS/SERIES PAR VALUE			
Department of State.		10.		CWP	\$0.1000			
Changes/require an additional filing.		<u> </u>						
11. This report must be executed or	n behalf of the cor	Doration by an aut	horized repres	L sentative. If the comora	tion is in the	hands of a receiver or		
trustee, this report must be execute								
Under penalty of perjury, I declar				ncluding any accomp	anying sch	edules and		
statements, and that all statement Name of Authorized Representative		rein are true and	correct.		Date			
Gene J. Choi	:			_	,	0/2018		
Signature of Authorized Representa		<del></del>	A-F	<del>) FILE</del> I	-16	V 2010		
Signature of Authorized Representa	iti 46	RIGN DOCL	IN NOT TERE		L.			
		· Jaco	1	FEB 287	DIR			
MAIL TO: Division of Business Services			1			-		
148 W. River Street, Providence, Rhode	Island 02904-2615		1	BY	(1.1.2)	>		

Website: www.sos.ri gov

FORM 630 - Revised: 10/2017