



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.

1. Entity ID Number 1657879		2. Exact name of the Corporation SKY REALTY, INC.			
3. Principal Office Address 10 LOCUST GLEN COURT			City CRANSTON	State RI	Zip 02921
4. NAICS Code 53 - Real Estate and Rental ar		6. Brief description of the character of business conducted in Rhode Island INVESTMENTS IN REAL ESTATE FOR PROFIT			
5. State of Incorporation RHODE ISLAND		531390			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name LIEV C. HENG			Vice-President Name KHENG L. HENG		
Street Address 10 LOCUST GLEN COURT			Street Address SAME		
City CRANSTON	State Ri	Zip 02921	City	State	Zip
Secretary Name KHENG L. HENG			Treasurer Name LIEV C. HENG		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE 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 LIEV C. HENG, PRESIDENT					Date 02-27-2018
Signature of Authorized Representative <i>Liev C. Heng</i>					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

FILED

MAR 02 2018

FORM 630 - Revised: 10/2016

BY

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