RI SOS Filing Number: 201859698170 Date: 3/5/2018 4:00:00 PM

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	2. Exact name of the Corporation			
1337880	SKY MARKET, INC.			
3. Principal Office Address		City	State	Zip
10 LOCUST GLEN COURT		CRANSTON	RI	02921
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445291	SALE OF FOOD & GENERAL MERCHANDISE AT RETAIL FOR PROFIT			
5. State of Incorporation				
RHODE ISLAND				

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

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 LIEV C. HENG			Treasurer Name KHENG L. 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 ☐

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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: LIEV C. HENG, PRESIDENT — Date: 02-27-2018

Signature of Authorized Representative: Liev C Heng — SIGN DOCUMENT HERE

FILED
MAR 02 2018
1205

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: 10/2016