



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 97356		2. Exact name of the Corporation Pui-O, Inc			
3. Principal Office Address 521 Roosevelt Ave			City Central Falls	State RI	Zip 02863
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation Rhode Island		To engage in the business of real estate investment			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Yip			Vice-President Name Louis Yip		
Street Address 71 Wingate Rd			Street Address 71 Wingate Rd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Louis Yip			Treasurer Name Louis Yip		
Street Address 71 Wingate Rd			Street Address 71 Wingate Rd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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. <i>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.</i>					
Name of Authorized Representative Louis Yip				Date 1/16/2018	
Signature of Authorized Representative				FILED	
SIGN DOCUMENT HERE MAR 19 2018					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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