



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS STAMP
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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 136956		2. Exact name of the Corporation APSARA PALACE, INC.												
3. Principal Office Address 1441 Park Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 720211		6. Brief description of the character of business conducted in Rhode Island Deal in restaurants, taverns, cafes', cafeterias, grills, diners, delicatessens, lunch rooms, coffee shops, luncheonettes and kitchens.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Sophal Sok			Vice-President Name Sophal Sok											
Street Address 24 Paine Avenue			Street Address 24 Paine Avenue											
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910									
Secretary Name Sophal Sok			Treasurer Name Sophal Sok											
Street Address 24 Paine Avenue			Street Address 24 Paine Avenue											
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Sophal Sok			Director Name None											
Street Address 24 Paine Avenue			Street Address											
City Cranston	State RI	Zip 02910	City	State	Zip									
Director Name None			Director Name None											
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value												
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 Sophal Sok				Date 3/30/18										
Signature of Authorized Representative 														

FILED
 SIGN DOCUMENT HERE
MAR 30 2018

KL 18003

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