



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2019 JAN - 8 PM 3:39

1. Entity ID Number 1102353		2. Exact name of the Corporation GSP CORP.			
3. Principal Office Address 173 WEYBOSSET STREET			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 446111		6. Brief description of the character of business conducted in Rhode Island CORNER DELI GROCERY STORE			
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 DAE HYUN YOO			Vice-President Name CHUNG MAN KIM		
Street Address 28 STONE HILL DR. S.			Street Address 976 LEXINGTON ST.		
City MANHASSET	State NY	Zip 11030	City WALTHAM	State MA	Zip 02462
Secretary Name CHUNG MAN KIM			Treasurer Name CHUNG MAN KIM		
Street Address 976 LEXINGTON ST.			Street Address 976 LEXINGTON ST.		
City WALTHAM	State MA	Zip 02452	City WALTHAM	State MA	Zip 02452
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAE HYUN YOO			Director Name		
Street Address 28 STONE HILL DR. S.			Street Address		
City MANHASSET	State NY	Zip 11030	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		PAR VALUE
			200		0
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 CHUNG MAN KIM, VICE PRESIDENT					Date 11/21/2018
Signature of Authorized Representative 					FILED

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

JAN 8 2019
 BY SMYNA

3:40