



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

Annual Report for the year:  
Corporation

2019

- 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 DIV  
2019 JAN 10 PM 1:11

1. Entity ID Number <u>853500</u>		2. Exact name of the Corporation <u>FIVE STAR RESTAURANT INC.</u>			
3. Principal Office Address <u>43 Bucklin St.</u>		City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	
4. NAICS Code <u>722511</u>		5. Brief description of the character of business conducted in Rhode Island <u>Restaurant / Hall</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Chhoum Loen</u>			Vice-President Name <u>Bryan Kane</u>		
Street Address <u>43 Bucklin St</u>			Street Address <u>43 Bucklin St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02907</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Chhoum Loen</u>			Director Name <u>Bryan Kane</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>1000</u>	CLASS/SERIES	PAR VALUE <u>0</u>
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 <u>Chhoum Loen</u>				Date <u>1-19-18</u>	
Signature of Authorized Representative <u>[Signature]</u>					

**FILED**

JAN 10 2019

BY FF6W6