

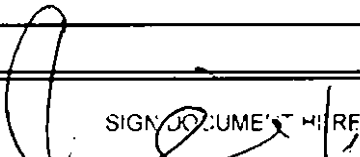
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SECRETARY OF STATE  
CORPORATIONS DIV  
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State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2019  
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 <b>97356</b>		2. Exact name of the Corporation <b>Pui-O, Inc.</b>										
3. Principal Office Address <b>521 Roosevelt Ave</b>		City <b>Central Falls</b>	State <b>RI</b>									
		Zip <b>02863</b>										
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of real estate investment</b>											
5. State of Incorporation <b>Rhode Island</b>												
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <b>Louis Yip</b>		Vice-President Name <b>Louis Yip</b>										
Street Address <b>71 Wingate Rd</b>		Street Address <b>71 Wingate Rd</b>										
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>									
Zip <b>02906</b>		Zip <b>02906</b>										
Secretary Name <b>Louis Yip</b>		Treasurer Name <b>Louis Yip</b>										
Street Address <b>71 Wingate Rd</b>		Street Address <b>71 Wingate Rd</b>										
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>									
Zip <b>02906</b>		Zip <b>02906</b>										
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SER FS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No par</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SER FS	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No par</b>			
NUMBER OF SHARES	CLASS/SER FS	PAR VALUE										
<b>100</b>	<b>Common</b>	<b>No par</b>										
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.												
<b>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.</b>												
Name of Authorized Representative <b>Louis Yip</b>		Date <b>2/11/2019</b>										
Signature of Authorized Representative 												

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

FILED

FEB 14 2019

FORM 630 - Revised: 10/2017

BY

**KL 3207**