



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

REC-15
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 APR -1 AM 11:07

- 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 000346298		2. Exact name of the Corporation Khoo Corporation			
3. Principal Office Address 633 Charles st		City Providence		State RI	Zip 02904
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Take Out Restaurant.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chun Yen Khoo			Vice-President Name Bik Fung Yau (Annie)		
Street Address 633 Charles st			Street Address 633 Charles St		
City Providence	State RI	Zip 02904	City Pro	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		1000			
				0.01	
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 Bik Fung Yau					Date 4/1/19
Signature of Authorized Representative 					

FILED

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By Chun ZNASY