



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

Annual Report for the year: 2017
 Corporation

STAMP

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 CORPORATION DIV.

2019 MAY 16 AM 11:29

- 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 795287-		2. Exact name of the Corporation Charley's P.R. Inc.			
3. Principal Office Address 46 Providence place		City Providence		State RI	Zip 02903
4. NAICS Code 728513		6. Brief description of the character of business conducted in Rhode Island Fast Food 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 David B Koo			Vice-President Name		
Street Address 7 Lisa Lane			Street Address		
City Nanuet	State NY	Zip 10954	City	State	Zip
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 David B Koo			Director Name		
Street Address 7 Lisa Lane			Street Address		
City Nanuet	State NY	Zip 10954	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					
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 Christina Oh.				Date 5/9/19.	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

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By: Oh P95DB FORM 630 - Revised: 10/2017