



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

Annual Report for the year: 2019
Corporation

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 BUS SVCS DIV

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- 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 001677105		2. Exact name of the Corporation Kash Corporation			
3. Principal Office Address 175 Eddie Dowling Hwy			City North Smithfield	State RI	Zip 02895
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 Somsangouan Phianesin			Vice-President Name Somsangouan Phianesin		
Street Address 63 Danielle Drive			Street Address 63 Danielle Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Somsangouan Phianesin			Treasurer Name Somsangouan Phianesin		
Street Address 63 Danielle Drive			Street Address 63 Danielle Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Somsangouan Phianesin			Director Name		
Street Address 63 Danielle Drive			Street Address		
City Woonsocket	State RI	Zip 02895	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	PAR VALUE
			10000	A	No Par Value
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 Somsangouan Phianesin					Date 12/05/2019
Signature of Authorized Representative 					

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 CORPORATION DIVISION

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

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