



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 105147		2. Name of Corporation TRINH ENTERPRISES, INC.			
3. Street Address Principal Business Office 1002 CHALKSTONE AVENUE			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401-521-7343		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND OPERATION OF A CONVENIENCE/VARIETY STORE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAN H. LE			Vice President Name DAN H. LE		
Street Address 18 BERGEN STREET			Street Address 18 BERGEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name DAN H. LE			Treasurer Name DAN H. LE		
Street Address 18 BERGEN STREET			Street Address 18 BERGEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE			300	0	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	3-4-05
Check No.	3235
By:	2
FOR SECRETARY OF STATE USE ONLY	

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.

DAN H. LE
Signature of Officer
DAN H. LE
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 105147		2. Name of Corporation TRINH ENTERPRISES, INC.			
3. Street Address Principal Business Office 1002 CHALKSTONE AVENUE			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401-521-7343		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island A CONVENIENCE STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAN H. LE			Vice President Name DAN H. LE		
Street Address 10 BERGEN STREET			Street Address 10 BERGEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name DAN H. LE			Treasurer Name DAN H. LE		
Street Address 10 BERGEN STREET			Street Address 10 BERGEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE			300 SHARES	0	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer
DAN H. LE
Print or Type Name of Officer

PRESIDENT
Title of Officer

8/12/04
Date

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **105147** 2. Name of Corporation **TRINH ENTERPRISES, INC.**
3. Street Address Principal Business Office
1002 CHALKSTONE AVENUE
4. Business Phone No. **401-521-7343** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
A CONVENIENCE STORE

City **PROVIDENCE** State **RHODE ISLAND** Zip **02908**
6. SIC Code **0**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **DAN H. LE**
Street Address
10 BERGEN STREET
City **PROVIDENCE** State **RHODE ISLAND** Zip **02908**

Vice President Name **DAN H. LE**
Street Address
10 BERGEN STREET
City **PROVIDENCE** State **RHODE ISLAND** Zip **02908**

Secretary Name **DAN H. LE**
Street Address
10 BERGEN STREET
City **PROVIDENCE** State **RHODE ISLAND** Zip **02908**

Treasurer Name **DAN H. LE**
Street Address
10 BERGEN STREET
City **PROVIDENCE** State **RHODE ISLAND** Zip **02908**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
300 SHARES 0 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **1-30-03**
Check No.: **2456**
By: **UP**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Dan H. Le** Date
Print or Type Name of Officer
DAN H. LE

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 105147		2. Name of Corporation TRINH ENTERPRISES, INC.			
3. Street Address Principal Business Office 1002 CHALKSTONE AVENUE			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. (401) 521-7343		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island A CONVENIENCE STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HOA THI TRINH			Vice President Name DAN H. LE		
Street Address 10 BERGEN STREET			Street Address 10 BERGEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name DAN H. LE			Treasurer Name DAN H. LE		
Street Address 10 BERGEN STREET			Street Address 10 BERGEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE			300 SHARES	0	0
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: **FILED**

Check No.: **JUL 08 2002**

By: **By GAM 2002**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **[Signature]** Date: **7/01/02**

Print or Type Name of Officer: **HOA THI TRINH**

Title of Officer: **PRESIDENT**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

105147

2. Name of Corporation

TRINH ENTERPRISES, INC.

3. Street Address Principal Business Office

1002 CHALKSTONE, ave

City

Providence

State

RI

Zip

02908

4. Business Phone No.

(401) 521-7343

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Convenience store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

HUA THI TRINH

Vice President Name

DAN H LE

Street Address

10 BERGEN, st

Street Address

10 BERGEN, st

City

Providence RI

Zip

02908

City

Providence RI

State

Zip

02908

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

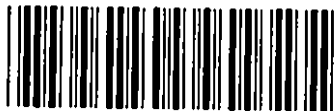
Par Value

300 shares

0

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 1 4 7 *

File Date:

4-22-02

Check No.:

1623

By:

AMF

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

DAN H LE

Print or Type Name of Officer

Title of Officer

Vice press



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State

April 24, 2002

Trinh Enterprises, Inc.
1002 Chalkstone Avenue
Providence, RI 02908

Re: ID 105147
TRINH ENTERPRISES, INC.

Dear Sir or Madam:

The Certificate of Incorporation for the above-named corporation was revoked on April 16, 2002, for failure to maintain a registered office in the State of Rhode Island. However, our records indicate that the 2002 annual report was accepted and the filing fee deposited in error.

At this time, the corporation can either choose to complete the reinstatement of the corporation by filing the enclosed Statement of Change of Registered Office/Registered Agent together with the appropriate penalty fee(s) and a letter of good standing from the Rhode Island Division of Taxation or the corporation may choose to obtain a refund for the 2002 annual report.

Enclosed you will find the forms and instruction sheet necessary for filing the reinstatement as well as an instruction sheet which outlines the procedure to obtain a refund. If you have any further questions, please feel free to contact the undersigned.

Very truly yours,

CORPORATIONS DIVISION

Maureen E. Ewing
Maureen E. Ewing
Assistant to the Director

Enc.

100 North Main Street
Providence
Rhode Island
02903-1355

Corporations/UCC:
401-222-3040
Fax: 401-222-1309

Elections:
401-222-2340
Fax: 401-222-1444

First Stop Business
Information Center:
401-222-2185
Fax: 401-222-3890

Notary/Trademarks:
401-222-1487
Fax: 401-222-3879

www.state.ri.us



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>105147</u>		2. Name of Corporation <u>TRINH ENTERPRISES, INC</u>			
3. Street Address Principal Business Office <u>1002 CHALKSTONE, AVE.</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
4. Business Phone No. <u>(401) 521-7343</u>		5. State of Incorporation <u>RI</u>			
6. SIC Code					
7. Brief Description of the Character of Business Conducted in Rhode Island <u>ownership and operation of convenience/variety store</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>HOA THI TRINH</u>			Vice President Name <u>DAN H LE</u>		
Street Address <u>10 BERGEN ST</u>			Street Address <u>10 BERGEN ST</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>DAN H LE</u>			Treasurer Name <u>DAN H LE</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>HOA THI TRINH</u>			Director Name		
Street Address <u>10 BERGEN ST</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>300</u>		<u>no par value</u>	<u>300</u>		<u>NO par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 30 2001

File Date: 7/30/01

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By DA #55
267165

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

DAN H LE

Vice press



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

105147

TRINH ENTERPRISES, INC.

3. Street Address Principal Business Office

1002 CATAWICKSTONE, AVE

City

Providence

State

RI

Zip

02908

4. Business Phone

(401) 521-7343
(401) 453-9547

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

OWNERSHIP AND OPERATION OF CONVENIENCE / VARIETY STORE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

HIOA THI TRINH

Vice President Name

DAN H LE

Street Address

10 BERGEN ST

City

Providence

State

RI

Zip

02908

Street Address

10 BERGEN ST

City

Providence

State

RI

Zip

02908

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300 no par value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: AUG 09 2000

Check No.: BY CITE 24401

By: aw

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Dan H Le Date 8/6/00

Print or Type Name of Officer DAN HUU LE

Title of Officer Vice pres.