



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

FILED

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 31 2020
BY 124139
DS

1. Entity ID Number 000794803		2. Exact name of the Corporation HARIM USA, LTD			
3. Principal Office Address 29984 MILLSBORO HWY / PO BOX 1380			City MILLSBORO	State DE	Zip 19966
4. NAICS Code 311610		6. Brief description of the character of business conducted in Rhode Island POULTRY			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HAKRIM LEE			Vice-President Name		
Street Address			Street Address		
City MILLSBORO	State DE	Zip 19966	City	State	Zip
Secretary Name SE-GI CHEON			Treasurer Name		
Street Address			Street Address		
City MILLSBORO	State DE	Zip 19966	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		
			PAR VALUE		
			2514366		
			COMMON		
			20.11		
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 BRIAN HILDRETH					Date 1/23/2020
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