



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation

FEB 03 2020

BY

38205 OS

- 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 1694768		2. Exact name of the Corporation JJ THAI CUISINE, INC.												
3. Principal Office Address 517 THAMES STREET			City NEWPORT	State RI	Zip 02840									
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 INTHUON SEGGER			Vice-President Name JIPPA COX											
Street Address 1 RED CROSS AVENUE, UNIT 6			Street Address 1 RED CORSS AVENUE, UNIT 6											
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840									
Secretary Name NONE			Treasurer Name NONE											
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 NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CWP</td> <td>0.100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CWP	0.100			
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100	CWP	0.100												
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 Inthuon Segger					Date 1/18/20									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									