



RI SOS Filing Number: 202033679860 Date: 2/3/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED TAMP

FEB 03 2020

BY

38201 OS

1. Entity ID Number 88725		2. Exact name of the Corporation 47 WEST 14TH ST. CORP.			
3. Principal Office Address 375 THAMES STREET			City NEWPORT	State RI	Zip 02840
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island PURCHASE, LEASE, EXCHANGE OR OTHERWISE ACQUIRE REAL ESTATE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name YEH JONG SON			Vice-President Name STEVEN G. CUNDY		
Street Address 375 THAMES STREET			Street Address 375 THAMES STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name LAHANA SON-CUNDY			Treasurer Name YEH YONG SON		
Street Address 375 THAMES STREET			Street Address 375 THAMES STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN G. CUNDY			Director Name NONE		
Street Address 375 THAMES STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NO PAR
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 Steven G. Cundy				Date 1/8/2020	
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

FORM 630 - Revised: 10/2017