RI SOS Filing Number: 202033719890 Date: 2/4/2020 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

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→ Penalty: Additional \$25	.00 fee if form is n	ot filed by April 1.		2020 FEB -4	AM 10: 12	· 1.1	
Entity ID Number	Entity ID Number 2. Exact name of the Corporation						
000127826	F & S En	F & S Enterprises, Inc.					
3. Principal Office Address	<u> </u>		City		State	Zip	
110 Bailey Blvd.			East Gree	inwich	RI	02818	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode	Island		
531390	Real Estate	1					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	d addresses)			Chec	k the box to in	dicate an attachment	
President Name Wo Ping Chai	Vice-President Name Kwok N. Chan						
Street Address 110 Bailey Blv	Street Address 110 Bailey Blvd.						
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	State RI Zip 02818	
Secretary Name Wo Ping Chai	Treasurer Name						
Street Address 110 Bailey Blvd.			Street Address				
City East Greenwich	State RI	^{Zip} 02818	City		State	Zip	
8. List ALL directors (names a	and addresses)	·			k the box to in	dicate an attachment	
Director Name Wo Ping Chan			Director Nai	me			
Street Address 110 Bailey Blv	 d.		Street Addre	288			
City East Greenwich	State RI	Zip 02818	City		State	Zıp	
Director Name		<u> </u>	Director Na	me	1		
Street Address	Street Address						
			Street Addit	555			
City	State	Zip	City	·	State	Zip	
9. Shares Authorized					Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERI Common	ES	PAR VALUE	
		1000	1000			No Par	
11. This report must be execu	ited on behalf of the	corporation by an	authorized repr	resentative. If the corr	oration is in the	ne hands of a receiver or	
trustee, this report must be ex	recuted on behalf o	f the corporation by	the receiver or	trustee.			
Under penalty of perjury, I o				, including any acco	mpanying so	hedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Wo Ping Chan				01/30/2020			
Signature of Authorized Rep	esentative	SION DO	CUMPAT HEF	ED			
V17 V	-		FFB 1	J 4 ZUZU A	1.1		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov 0502 9 A.H.

FORM 630 - Revised: 10/2017