State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020 Corporation

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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.			2020 FEB -4 AM 10: 12				
1. Entity ID Number 000127826		2. Exact name of the Corporation  F & S Enterprises, Inc.					
3. Principal Office Address 110 Bailey Blvd.			City East Gree	City East Greenwich		Zip 02818	
4. NAICS Code 531390	6. Brief desc Real Estate	ription of the chara	cter of business	conducted in RI	hode Island		
5. State of Incorporation Rhode Island							
7. List ALL officers (names an	nd addresses)		lie e	(	Check 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	<sup>Zıp</sup> 02818	City East Greenwich		State RI	<sup>Zıp</sup> 02818	
Secretary Name Wo Ping Chan			Treasurer Name				
Street Address 110 Bailey Blvd.			Street Address				
City East Greenwich	State RI	<sup>Zip</sup> 02818	City		State	Zip	
8. List ALL directors (names a	and addresses)				Check the box to in	dicate an attachment	
Director Name Wo Ping Chan			Director Name				
Street Address 110 Bailey Blvd.			Street Address				
City East Greenwich	State RI	Zip 02818	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
			Julest Addie	:33			
City	State	Zip	City	•	State	Zip	
9. Shares Authorized							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		\$/SERIES	PAR VALUE	
		1000	1000		Common No		
11. This report must be execu	ited on behalf of the	corporation by an	authorized repr	 esentative. If the	corporation is in the	ne hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I o	kecuted on behalf o declare and affirm	the corporation by that I have examin	the receiver or	including any	accompanying so	hedules and	
statements, and that all sta	tements contained	herein are true a	nd correct.				
Name of Authorized Representative					Date		
Wo Ping Chan					01/30/20	01/30/2020	
Signature of Authorized Rep	esentative	SION DO	CUMENT HER	4 2028			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov PEB 0 4 2020 A.H

FORM 630 - Revised: 10/2017